

POB (Miles/Harrell)

Due Date: 1-33-07
to complete investigation on this case
For: IAD Sergeant BARKLEY + KADRIKIES

9-19-06

Chasse-
in-custody death

WORKSHEET (CONTROL)
CHECKLIST



SCHWABE, WILLIAMSON & WYATT
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Admitted in OR & WA

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Oregon

DEPARTMENT OF
STATE POLICE

Karen Gunson, M.D.
Forensic Pathologist
Deputy State Medical Examiner

MEDICAL EXAMINER DIVISION
301 NE Knott St.
Portland, Oregon 97212-3092
(503) 248-3746
FAX (503) 280-6041



Bexar County
Medical Examiner's Office

Vincent J. M. Di Maio, M.D.
Chief Medical Examiner
dimaio@co.bexar.tx.us

(210) 335-4053
FAX: (210) 335-4052
7337 Louis Pasteur Dr., San Antonio, Texas 78229



Dr. JAMES CAIRNS
Deputy Chief Coroner
Province of Ontario

Office of the Chief Coroner for Ontario
26 Grenville Street
Toronto ON M7A 2G9
Telephone: (416) 314-4015
Facsimile: (416) 314-4030
E-mail: Jim.Cairns@jus.gov.on.ca

PORTLAND POLICE BUREAU
Internal Affairs Division Worksheet

IAD # 2006-B-0016 PPB # 06-84962 DATE RECEIVED September 19, 2006
Assign as IAD To: Barkley / Rodrigues RECEIVED BY Captain John Tellis
Assign as SERVICE COMPLAINT To: _____

COMPLAINANT INFORMATION

COMPLAINANT Portland Police Bureau DOB _____ SEX _____ RACE _____
ADDRESS _____ DAYTIME PHONE _____
CITY / STATE / ZIP _____ BUSINESS PHONE _____
LOCATION / OCCURRED NW 13th and Everett
DATE / TIME OCCURRED 09/17/2006 - 1730 hours

CO-COMPLAINANT / WITNESS INFORMATION

COMPLAINANT / WITNESS Jamie Marquez DOB 07/07/1973 SEX M RACE H
ADDRESS 4217 SW Corbett Ave or 522 SW Jackson St DAYTIME PHONE Cell 541-729-7374
CITY / STATE / ZIP Portland, OR 97239 BUSINESS PHONE _____

NARRATIVE

Members Involved

Sergeant Kyle Nice #26853 - Central Precinct
Officer Christopher Humphreys #32784 - Tri-Met Division
Deputy Brett Burton - Mult Co Sheriff's Office

In-Custody Death

James Phillip Chasse, Jr. (MW, dob 05/07/64, 10 NW Broadway, #206, Portland, OR 97209)

Allegations/Issues to be Investigated

1. Was the use of force by Sergeant Nice and Officer Humphreys within Bureau policy? (Force)

IAD CASE CLOSURE INFORMATION

DATE CLOSED / INITIALED For IAD Captain's Use				ALLEGATION CATEGORIES	FINDING / DISPOSITION CATEGORIES
ALLEGATION CORRESPONDS TO ALLEGATIONS / ISSUES TO BE INVESTIGATED				#1 Force	A Unfounded
Allegation Officer / DPSST # Allegation Category Finding Category				#2 Control Techniques	A-d Unfounded w/debriefing
1.	Sergeant Nice #26853	#1		#3 Conduct	B Exonerated
1.	Officer Humphreys #32784	#1		#4 Disparate Treatment	B-d Exonerated w/debriefing
				#5 Courtesy	C Insufficient Evidence
				#6 Procedure	C-d Insufficient Evidence w/debriefing
					D Sustained
					ADM Admin Complaint
					E Decline
					M Miscellaneous
					S Suspend
					SC Service Complaint
					IP In Policy

Incident Overview

Complaint by Jamie Marquez:

Well, I was witness to the incident that happened to James Philip Chasse Jr, the so called "transient" that was beaten to death by Police and Sheriff staff. The Oregonian report says he died in the police car, but he actually was already dead on the street corner. The police officers on duty severly (sic) beat the man. Punching him in square in the face, and kicking him in the back of his skull. All the while, using a taser on him. They then hog tied him, and laughed about the incident with each other, as the man lay there, unbreathing, and probably dead. An ambulance arrived on the scene, and at that time, the man finally came back to life. As he came to, he cried out to the ONLY female paramedic on the scene, "DONT LEAVE ME!" He was scared for his life. And he had every reason to be. He was going to die, in a matter of less than 1 hour. Extreme and violent force was used on this man, who had to weigh less than 140 pounds. I have a full document as to the events. And I will be filing an official complaint with the city.

Investigator Comments

Exhibits

DRAFT

IPR/IAD CHECKLIST

IPR Case Number: 2006-B-0016

DATE/INITIAL	IPR SECTION ONLY																															
	COMPLAINT RECEIVED	IS CO WILLING TO MEDIATE? ☐ Yes ☐ No ☐ Maybe ☐ Not Asked																														
	SIGNATURE LETTER MAILED:	DATE RECEIVED:																														
	INTAKE PROCESS COMPLETED – Case Submitted to IPR Director																															
	DIRECTOR'S CASE DECISION Action: ☐ Resolved at Intake ☐ Decline ☐ Refer to IAD ☐ IAD w/ IPR ☐ IPR ☐ Mediation ☐ Referral ☐ PPB Unsworn	DIRECTOR'S COMMENTS Letters: ☐ Acknowledgement ☐ Declination ☐ No Letter File Copies to IAD																														
	IF DISMISSED BY IPR DIRECTOR OR DECLINED BY IAD CAPTAIN: <table border="0"> <tr> <td>☐ Other Remedy</td> <td>☐</td> </tr> <tr> <td>☐ Filing Delay</td> <td>☐</td> </tr> <tr> <td>☐ No Misconduct</td> <td>☐</td> </tr> <tr> <td>☐ False Claim</td> <td>☐</td> </tr> <tr> <td>☐ Trivial or De Minimis</td> <td>☐</td> </tr> <tr> <td>☐ Limited Resources</td> <td>☐</td> </tr> <tr> <td>☐ Complainant Withdrew</td> <td>☐</td> </tr> <tr> <td>☐ Complainant Unavailable</td> <td>☐</td> </tr> <tr> <td>☐ UTI Officer</td> <td>☐</td> </tr> <tr> <td>☐ Ofc No Longer Employed</td> <td>☐</td> </tr> <tr> <td>☐ Other Jurisdiction</td> <td>☐</td> </tr> <tr> <td>☐ Previously Adjudicated</td> <td>☐</td> </tr> <tr> <td>☐ Other Judicial Review</td> <td>☐</td> </tr> <tr> <td>☐ Not Credible or Reliable</td> <td>☐</td> </tr> <tr> <td>☐ Invest. Unwarranted</td> <td>☐</td> </tr> </table>		☐ Other Remedy	☐	☐ Filing Delay	☐	☐ No Misconduct	☐	☐ False Claim	☐	☐ Trivial or De Minimis	☐	☐ Limited Resources	☐	☐ Complainant Withdrew	☐	☐ Complainant Unavailable	☐	☐ UTI Officer	☐	☐ Ofc No Longer Employed	☐	☐ Other Jurisdiction	☐	☐ Previously Adjudicated	☐	☐ Other Judicial Review	☐	☐ Not Credible or Reliable	☐	☐ Invest. Unwarranted	☐
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	DATE/INITIAL IAD SECTION ONLY																															
SAD 11/14/2006	CASE DECISION – ASSIGN or DECLINE Assign To: Barkley/Rodriguez Assign As: ☐ Addtl Intake ☒ IAD ☐ S.C. ☒ Referral 11-14-06 LM																															
LM 11/14/2006	Letters: ☒ Acknowledgement ☐ Declination ☐ No Letter IAD INVESTIGATION COMPLETED – Case Submitted to Captain Copy of Summary Investigative Report to IPR To RU Manager – For Case Review / Recommended Finding																															
	CASE RETURNED FROM PRECINCT/DIVISION (Through Channels) DATE OF RU MANAGER FINDING (As Reflected on Finding Memo) CASE TO REVIEW LEVEL (Sustained or Controverted Only) CASE CLOSED (Disposition Letter Sent to IPR) / RESOLVED (Administrative or Service Complaint) DATE OF REVIEW LEVEL MEETING (If Sustained)																															

DATE/INITIAL	IPR CASE REVIEW SECTION
	DATE CASE RECEIVED FROM IAD
	DIRECTOR'S REVIEW DECISION
	IF NOT SUSTAINED: Letter to complainant with notice of appeal. Notice given to member through IAD.
	IF SUSTAINED: Letter to complainant.
	CLOSING LETTER TO IAD
	FINDINGS APPEALED? ☐ Yes ☐ No
	IF APPEALED: ☐ Appeal Accepted ☐ Appeal Not Accepted IF ACCEPTED, ATTACH APPEALS CHECKLIST

LETTERS / MEMOS
CASE REVIEW

PPB (Nice/Hammond, 200-1)



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Bureau of Police

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Rosanne M. Sizer, Chief of Police

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April 11, 2007

I.A.D. Case #2006-B-0016

IN-CUSTODY DEATH INVESTIGATION

CASE OVERVIEW

Date Received:

11/14/2006

Assigned by Lieutenant Jay Drum #9809:

Sergeant Michael Barkley #8570, primary
Sergeant Derek Rodrigues #37149

Associated P.P.B. Case:

#06-84962

Deceased:

Chasse, James Philip

M/W DOB 05/07/1964

5'9" 145lbs

10 N.W. Broadway Apt #206

Portland, OR 97209

OID #4368508

PPDS #489619

Medical Examiner Conclusion:

Blunt force chest trauma

Officers: Use of Force:

Sergeant Kyle Nice #26853

Central Precinct

Afternoon Relief

Officer Christopher Humphreys #32784

Transit Police Division

Afternoon Relief

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Witness Officers:

MCSO Deputy Bret Burton #43860

Transit Police Division

Afternoon Relief

AMR Medical Responders:

N.W. 13th Avenue and Everett Street

Hergert, Tami

Stucer, Kevin

Portland Fire Bureau Responders, Engine 3:

N.W. 13th Avenue and Everett Street

Koppy, William

Reeb, Donald

Szalay, Gary

Malloy, Brian

MCDC Witnesses:

Gayman, Patricia, RN

Eath, Sokunthy, RN

Oregon State Medical Examiner:

Performed autopsy

MD Gunson, Karen

Multnomah County Deputy District Attorney:

On scene and presented GRAND JURY

Mascal, Christine

Civilian Witnesses:

Marquez, Jamie

Rev. Stuart, Randall

Doolan, Constance

Detectives:

Lynn Courtney #13609

Jon Rhodes #16753

INCIDENT CHRONOLOGY

Date:

Sunday, September 17, 2006

Associated locations:

*N.W. Everett and 18th
1300 block of N.W. Everett
N.E. 33rd and Clackamas*

Timeline:

1708 hours Sergeant Nice at N.W. Everett and 18th with a possible intoxicated subject.

1709 hours Officer Humphreys and Deputy Burton (partners) arrived to cover Sergeant Nice.

Officer Humphreys observed Mr. Chasse near the northwest corner with his back to officers, stiff legged and rocking back and forth.

When Mr. Chasse observed officers, he immediately walked east bound away from the officers.

1716 hours Sergeant Nice, Officer Humphreys and Deputy Burton cleared N.W. Everett and 18th.

1718 hours Officer Humphreys, Deputy Burton and Sergeant Nice locate Mr. Chasse at the south side in the 1300 block of N.W. Everett.

Mr. Chasse has his back towards the officers near a tree and appears as if he had urinated in public---*Mr. Chasse's body language and wet pants.*

Deputy Burton whistles or yells at Mr. Chasse.

Mr. Chasse ran east bound on N.W. Everett.

Officer Humphreys chased Mr. Chasse and ultimately pushed him to the ground.

While Officer Humphreys, Sergeant Nice and Deputy Burton attempted to take Mr. Chasse into custody, he bit Sergeant Nice in the right calf and attempted to bite Officer Humphreys and Sergeant Nice a second time.

1720 hours **Sergeant Nice** requested cover.

1722 hours **Sergeant Nice** advised **Mr. Chasse** was in custody.

1723 hours **Sergeant Nice** requested *Code 3 medical* due to **Mr. Chasse** being unconscious.

 Seconds later **Sergeant Nice** requested *Code 1 medical* due to **Mr. Chasse** being conscious.

1725 hours **AMR Ambulance** arrived.

1726 hours **Portland Fire Bureau, Engine 3** arrived.

1741 hours **AMR Ambulance (16 minutes at location)** and **Portland Fire Bureau (15 minutes at location)** cleared.

1746 hours **Officer Humphreys** and **Deputy Burton** transported **Mr. Chasse** to MCDC.

1752 hours **Officer Humphreys** and **Deputy Burton** arrived at MCDC.

Gayman, Patricia, RN and/or Eath, Sokunthy, RN advised **Mr. Chasse** would be required to be examined by a doctor prior to being lodged.

1823 hours **Officer Humphreys** and **Deputy Burton** transport **Mr. Chasse** from MCDC to Portland Adventist Hospital.

1829 hours **Officer Humphreys** requested medical to N.E. 33rd and Clackamas due to breathing problems of **Mr. Chasse**.

1832 hours **Officer Humphreys** advised BOEC he was beginning chest compressions and requested medical to step it up.

1834 hours **AMR Ambulance** and **Portland Fire Bureau, Engine 28** arrived.

1848 hours **AMR Ambulance** transported **Mr. Chasse** to Providence Hospital.

1851 hours **Mr. Chasse** arrived.

1904 hours **Mr. Chasse** was pronounced as *deceased*.

COPY

DATE: September 11, 2007

TO: John A. Tellis
Captain
Internal Affairs Division

FROM: Michael R. Barkley
Sergeant
Internal Affairs Division

SUBJ: **JAMES CHASSE I.A.D. INVESTIGATION**



Bureau of Police Portland, Oregon

INTER-OFFICE MEMORANDUM

CONFIDENTIAL

On Tuesday, July 24, 2007 I spoke with Ms. Dunaway, Multnomah County counsel, regarding me and Sergeant Derek Rodrigues interviewing Multnomah County Detention Center Deputy Thomas Hollenbeck. Deputy Hollenbeck is a witness related to the Internal Affairs Division Case #2006-B-0016, In-Custody Death of James Chasse. Ms. Dunaway advised me that she would *not* approve Deputy Hollenbeck being interviewed until following his civil deposition scheduled for the first week in September. The same date, Ms. Dunaway's position was discussed with Captain Tellis and Deputy City Attorney Stephanie Harper. As a result, the Internal Affairs Division investigation was placed on hold while waiting for the completion of the scheduled deposition.

On Thursday, September 6, 2007 I had two conversations with Susan Dunaway regarding the availability of the Deputy Hollenbeck and former Deputy Burton, currently a Portland Police officer, to be interviewed by me and Sergeant Derek Rodrigues. Ms. Dunaway stated that she and City of Portland Deputy Attorney Jim Rice would not allow Multnomah County deputies or Portland Police Bureau officers to be interviewed prior to their re-scheduled civil depositions in January 2008. Later this date, Captain Tellis, Sergeant Rodrigues, Deputy City Attorney Dave Woboril and I met in the Internal Affairs Division conference room to discuss the issue.

Sergeant Rodrigues and I request the interviews of Deputy Burton and Deputy Hollenbeck be conducted prior to the interviews of Sergeant Nice and Officer Humphreys in order to produce a transparent, complete and thorough I.A.D. investigation. The following are significant areas to be covered during the interviews of the two deputies (Deputy Burton's interview is more critical):

DEPUTY BURTON:

1. Why was **Mr. Chasse's** behavior at N.W. Everett Street and 18th Avenue considered so "peculiar" to cause **Deputy Burton** and **Officer Humphreys** to clear the cover call and search for **Mr. Chasse**.
2. What was discussed between **Deputy Burton**, **Officer Humphreys** and **Sergeant Nice** regarding **Mr. Chasse** prior to clearing N.W. Everett Street and 18th Avenue.
3. What was discussed between **Deputy Burton** and **Officer Humphreys** regarding **Mr. Chasse** from the time they cleared N.W. Everett Street and 18th Avenue and located him on N.W. Everett Street between 14th and 13th Avenues.

CONFIDENTIAL

James Chasse

I.A.D. Investigation

September 11, 2007

Page 2

4. What was **Deputy Burton's** *legal justification* for contacting and ultimately engaging in a foot chase of **Mr. Chasse**.
5. What was discussed between **Deputy Burton, Officer Humphreys** and **Sergeant Nice** regarding *legal justification* for contacting and chasing **Mr. Chasse**.
6. Was any other physical force used by any officers and/or deputies directed at **Mr. Chasse** following his transportation from N.W. Everett Street and 13th Avenue.
7. Did **Deputy Hollenbeck** observe or hear of any actions by officers and/or deputies who were present that caused him any concerns or violated Oregon criminal statutes.

DEPUTY HOLLENBECK:

1. When **Mr. Chasse** arrived at the M.C.D.C. sally port, were any Multnomah County Detention Center deputies present (**Officer Humphreys** had called and requested assistance with **Mr. Chasse**)
2. If no M.C.D.C. deputies were present when **Mr. Chasse** arrived, does **Deputy Hollenbeck** know how long **Mr. Chasse** was in the sally port area alone with **Deputy Burton** and **Officer Humphreys**.
3. Is **Deputy Hollenbeck** aware, either via personal observations or by another person, of *any* physical force directed at **Mr. Chasse** while at M.C.D.C. by any officers and/or deputies.
4. Did **Deputy Hollenbeck** observe or hear of any actions by officers and/or deputies who were present that caused him any concerns or violated Oregon criminal statutes.
5. Is **Deputy Hollenbeck** aware why **Mr. Chasse** was transported from the facility by the police rather than requesting an ambulance to the location.

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December 20, 2006

Divisional Meeting

Wednesday, 12/20/2006

0900 hours to 1005 hours

Internal Affairs Division Conference Room

Persons Present:

Internal Affairs Division:

Sergeant Michael Barkley
Sergeant Derek Rodriques

Detective Division:

Sergeant George Burke
Detective Lynn Courtney

Training Division:

Lieutenant David Famous
Sergeant Keith Hattori
Officer Don Livingston

****No concerns raised****

Possible Concerns:

1. Officer Humphrey signed AMR form for Chasse
2. What did officers specifically advise AMR and PFB as to Chasse's condition and what transpired between the officers and Chasse
3. **AMR:** why was Chasse not transported by ambulance opposed to police

❖ **ATTORNEY:**

Jean Ohman Back

Schwabe, Williamson & Wyatt

Pacwest Center

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CHASSE115131

4. **Hospital personnel:**

- ❖ What tests/ procedures were performed
- ❖ Core temperature determined

5. **Medical Examiner:**

- ❖ Core temperature determined (D.M.E. Bigoni: page 239)
- ❖ Was “excited delirium” considered, including specific test(s)
- ❖ Explanation of “blunt force trauma” opposed to “excited delirium”
- ❖ “Excited delirium” considered as a contributing cause
- ❖ Explanation of “blunt force trauma” considering the time gap between (1) fight/injury (2) checked by AMR/PFB (3) MCDC- nurse (4) NE 33rd Avenue location

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April 13, 2007

Mr. Jamie Marquez
4217 S.W. Corbett Avenue
Portland, OR 97239

Dear Mr. Marquez:

This letter is to inform you that the Internal Affairs Division investigation into the complaint you filed is continuing.

A thorough and complete investigation into the allegations of misconduct will be conducted. Once the investigation has been completed and a decision made, you will be notified. The estimated completion date for this investigation is May 2007.

Should you have any questions, please do not hesitate to contact me, at (503) 823-0973.

Very truly yours,

MICHAEL R. BARKLEY
SERGEANT
Internal Affairs Division

06B001610W- Marquez

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April 13, 2007

Reverend Randall Stuart
2240 N.E. 130th Avenue
Portland, OR 97230

Dear Reverend Stuart:

This letter is to inform you that the Internal Affairs Division investigation into the complaint you filed is continuing.

A thorough and complete investigation into the allegations of misconduct will be conducted. Once the investigation has been completed and a decision made, you will be notified. The estimated completion date for this investigation is May 2007.

Should you have any questions, please do not hesitate to contact me, at (503) 823-0973.

Very truly yours,

MICHAEL R. BARKLEY
SERGEANT
Internal Affairs Division

06B001610W- Stuart

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April 13, 2007

Ms. Constance Doolan
1016 59th Street
Oakland, CA 94608

Dear Ms. Doolan:

This letter is to inform you that the Internal Affairs Division investigation into the complaint you filed is continuing.

A thorough and complete investigation into the allegations of misconduct will be conducted. Once the investigation has been completed and a decision made, you will be notified. The estimated completion date for this investigation is May 2007.

Should you have any questions, please do not hesitate to contact me, at (503) 823-0973.

Very truly yours,

MICHAEL R. BARKLEY
SERGEANT
Internal Affairs Division

06B001610W- Doolan

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November 14, 2006

Jamie Marquez
4217 SW Corbett Avenue
Portland, OR 97239

Dear Mr. Marquez:

This letter is to acknowledge the receipt of your complaint, forwarded to us by the Independent Police Review Division, regarding the actions of members of the Portland Police Bureau. This incident occurred on September 17, 2006, at NW 13th and Everett, and involves allegations relating to Use of Force.

Investigations of complaints are conducted in the Internal Affairs Division or at a Precinct/Division, and a sergeant/supervisor will be in contact with you. Your complaint has been assigned to Sergeants Barkley and Rodriguez of this office. The telephone number for Sergeant Barkley is (503) 823-0973.

Your complaint has been given IAD Case # 2006-B-0016. If the investigation of your complaint exceeds 10 weeks, you will be notified by letter of the reason for the delay.

Sincerely,

John Tellis

JOHN A. TELLIS
CAPTAIN
Internal Affairs Division

c: IPR Intake Investigator ?

06b0016ack-marquez.

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November 14, 2006

Reverend Randall Stuart
2240 NE 130th Avenue
Portland, OR 97230

Dear Reverend Stuart:

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Your complaint has been given IAD Case # 2006-B-0016. If the investigation of your complaint exceeds 10 weeks, you will be notified by letter of the reason for the delay.

Sincerely,

JOHN A. TELLIS
CAPTAIN
Internal Affairs Division

c IPR Intake Investigator ?

06b0016ack-stuart

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November 14, 2006

Constance Doolan
1016 59th Street
Oakland, CA 94608

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Investigations of complaints are conducted in the Internal Affairs Division or at a Precinct/Division, and a sergeant/supervisor will be in contact with you. Your complaint has been assigned to Sergeants Barkley and Rodriguez of this office. The telephone number for Sergeant Barkley is (503) 823-0973.

Your complaint has been given IAD Case # 2006-B-0016. If the investigation of your complaint exceeds 10 weeks, you will be notified by letter of the reason for the delay.

Sincerely,

JOHN A. TELLIS
CAPTAIN
Internal Affairs Division

c: IPR Intake Investigator ?

06b0016ack-doolan

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Police Information Line: 503-823-4636, TTY (for hearing and speech impaired): 503-823-4736 Website: <http://www.portlandpolicebureau.com>

CHASSE115139



 **COPY**

City of Portland
Office of the City Auditor
Independent Police Review Division

10/20/2006

Jamie Marquez
4217 SW Corbett Avenue
Portland OR 97239

RE: Case Number: 2006-B-0016

Dear Mr. Marquez:

On 9/18/2006, the Independent Police Review Division (IPR) received your complaint about officers of the Portland Police Bureau and the death of James Chasse. This letter is to inform you that your complaint was received and now that the criminal investigation is complete, the case will be reviewed by the Portland Police Bureau's Internal Affairs Division (IAD). You may be called by an IAD investigator for additional information.

If your address or phone number changes before your case is completed, it is extremely important that you let us know as soon as possible.

Very truly yours,



Leslie Stevens
Director

1221 SW 4th Street, Room 320 Portland Oregon 97204 Phone: (503) 823-0146 Fax: (503) 823-3530

CHASSE115140



 **COPY**

City of Portland
Office of the City Auditor
Independent Police Review Division

10/20/2006

Rev. Randall Stuart
2240 NE 130th Ave
Portland OR 97230

RE: Case Number: 2006-B-0016

Dear Rev. Stuart:

On 9/18/2006, the Independent Police Review Division (IPR) received your complaint about officers of the Portland Police Bureau and the death of James Chasse. This letter is to inform you that your complaint was received and now that the criminal investigation is complete, the case will be reviewed by the Portland Police Bureau's Internal Affairs Division (IAD). You may be called by an IAD investigator for additional information.

If your address or phone number changes before your case is completed, it is extremely important that you let us know as soon as possible.

Very truly yours,

Leslie Stevens
Director

1221 SW 4th Street, Room 320 Portland Oregon 97204 Phone: (503) 823-0146 Fax: (503) 823-3530

CHASSE115141



 **COPY**

City of Portland
Office of the City Auditor
Independent Police Review Division

10/20/2006

Constance Doolan
1016 59th Street
Oakland CA 94608

RE: Case Number: 2006-B-0016

Dear Ms. Doolan:

On 9/18/2006, the Independent Police Review Division (IPR) received your complaint about officers of the Portland Police Bureau and the death of James Chasse. This letter is to inform you that your complaint was received and now that the criminal investigation is complete, the case will be reviewed by the Portland Police Bureau's Internal Affairs Division (IAD). You may be called by an IAD investigator for additional information.

If your address or phone number changes before your case is completed, it is extremely important that you let us know as soon as possible.

Very truly yours,

Leslie Stevens
Director

1221 SW 4th Street, Room 320 Portland Oregon 97204 Phone: (503) 823-0146 Fax: (503) 823-3530

CHASSE115142

SUMMARY REPORT
INVESTIGATIVE REPORTS
OFFICER NOTEBOOK ENTRIES

WORKSHEET (CONTROL)
CHECKLIST

PORTLAND POLICE BUREAU
INTERNAL AFFAIRS DIVISION
Confidential Telephonic Taped Statement
Sergeant Michael Barkley #8570

Interview Date: July 24, 2007
IAD #: 2006-B-0016
Complainant: Portland Police Bureau

Interviewed: Susan Dunaway

BARKLEY: This is Sergeant Michael Barkley with the Internal Affairs Division. The date and time are Tuesday, July 24th, 2007 at 0827 hours. I am calling Ms. SUSAN DUNAWAY, D-U-N-A-W-A-Y, Multnomah County Counsel at 503-988-3138 regarding the possible interview of Multnomah County Sheriff's Office Deputy THOMAS HOLLENBECK as a witness regarding IAD case number 2006-B-0016 regarding the in-custody death of JAMES CHASSE, C-H-A-S-S-E. Previously, I had spoken with two people, one being Multnomah County Detention Center Captain LINDA YANKEE at 503-988-3051. She referred me to Ms. DUNAWAY. Also previously, I had spoken to Multnomah County Sheriff's Office Internal Affairs Division Sergeant DAN STATON, S-T-A-T-O-N, at 503-988-4557, who indicated that the Multnomah County Sheriff's Office, Internal Affairs Division, has an open case pending involving the in-custody death of Mr. CHASSE, but that Multnomah County Counsel, Ms. SUSAN DUNAWAY, has possession of the investigation and has referred me to speak with her directly.

?: County Attorneys.

BARKLEY: Yes, my name is Sergeant Michael Barkley. I'm with the Portland Police Bureau, Internal Affairs Division.

?: Yes, Sergeant. How can I help you?

BARKLEY: I have been referred to Ms. SUSAN DUNAWAY...

?: Okay.

BARKLEY: ...regarding an open IAD case with Multnomah County.

?: Hold on. Let me see if she's at her desk. Just a minute.

BARKLEY: Thank you.

?: You bet. Hold on just a moment, Sergeant.

BARKLEY: Thank you.

?: She was just walking through the door. Hold on, I'll put you through.

BARKLEY: Okay. Thank you, very much.

?: You bet. You bet.

DUNAWAY: Hello.

BARKLEY: Hello. Is this Ms. SUSAN DUNAWAY?

DUNAWAY: Yes, it is.

BARKLEY: Yes, this is Michael Barkley. I'm a sergeant with the Portland Police Bureau, Internal Affairs Division.

DUNAWAY: Uh-huh.

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IAD #2006-B-0016

Portland Police Bureau / Dunaway

July 24, 2007

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48 **BARKLEY:** And I have been referred to speak with you by both the Multnomah County Detention
49 Center Captain LINDA YANKEE and Multnomah County Sheriff's Office, Internal
50 Affairs Division Sergeant DAN STATON.
51 **DUNAWAY:** Okay.
52 **BARKLEY:** And, are you aware of, of the inquiry I...
53 **DUNAWAY:** Vaguely, yeah.
54 **BARKLEY:** ...had been...
55 **DUNAWAY:** Yeah. I can't remember. You want to talk to somebody?
56 **BARKLEY:** Yeah. What we'd like to do is interview Multnomah County Sheriff's Deputy
57 THOMAS HOLLENBECK.
58 **DUNAWAY:** Okay.
59 **BARKLEY:** He was one of four Multnomah County Sheriff's Deputies that was present when Mr.
60 CHASSE was brought to the Multnomah County Detention Center.
61 **DUNAWAY:** Okay.
62 **BARKLEY:** And we'd like to interview him as a witness as to what specifically took place in the,
63 the timeline of what occurred from the time Mr. CHASSE arrived in the sally port
64 until he was transported from the Detention Center.
65 **DUNAWAY:** Well, this is, this is the thing is that HOLLENBECK could very well be named as an
66 individual defendant in this case. He is specifically mentioned both in the complaint
67 and in the discovery documents that we've gotten from plaintiff. So I'm a little bit
68 hesitant to have him make statements, um, at this point in time unless what you want
69 to do is ask him specific questions about specific actions that were taken by Deputy,
70 or, uh, Officer HUMPHREYS.
71 **BARKLEY:** Well, what, what I do have is the Multnomah County Sheriff's Office information
72 reports that were written by Deputy HOLLENBECK and the other three deputies plus
73 a number of reports, including like the on-duty sergeant at the time.
74 **DUNAWAY:** Right.
75 **BARKLEY:** But, the reports, um, are somewhat vague as to, you know, for instance, when Mr.
76 CHASSE arrived there in the Portland Police car. Were there any deputies that were
77 out there that met the Portland Police officer in the sally port or had the car arrive with
78 Mr. CHASSE and then they came out. What specifically did they observe. Was there
79 any physical force used in the sally port other than what's been described in these
80 reports.
81 **DUNAWAY:** Um, why do you want to question him? I mean this is an IAU investigation in regard
82 to Deputy (Officer) HUMPHREYS?
83 **BARKLEY:** Right. Well, no it's not, it's not just directed at Officer HUMPHREYS. It, you know,
84 in Internal Affairs, we review the entire case for any possible violations of Portland
85 Police Bureau directives, policies, and procedures. And the reason that we, at this
86 time, only want to interview Deputy HOLLENBECK as opposed to all four of them, is
87 we would like to ascertain whether or not there was any physical force used at that
88 facility. We'd like to know what specifically they observed in the way in which, uh,
89 Mr. CHASSE was handled and, you know, did, as I said earlier, did the police car
90 arrive in the sally port and then the deputies came out or were they in the sally port
91 when the car arrived to establish whether or not anything in the way of any physical
92 force was used other than at the 1300 Block of NW Everett.

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IAD #2006-B-0016

Portland Police Bureau / Dunaway

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93 DUNAWAY: Okay, well, I have not had a chance to meet with, with Deputy HOLLENBECK yet.
94 Um, I'll be meeting with Deputy HOLLENBECK in August because his, his
95 deposition is in September. I'm not going to allow you to interview him before I do.
96 BARKLEY: Okay.
97 DUNAWAY: Okay? So, um, let me see if I've got, if I've got a date yet. I know there were a
98 couple that were pretty hard to set. Um, and his deposition is set for September 13th.
99 BARKLEY: Our focus, as I said, is were there any violations of Portland Police Bureau policies
100 and procedures involving Portland Police officers.
101 DUNAWAY: Right.
102 BARKLEY: And we're not doing, we're not conducting an Internal Affairs investigation as to the
103 actions or conduct of Multnomah County employees or AMR, or the Portland Fire
104 Bureau. So that's what our focus is. And it is clearly not criminal.
105 DUNAWAY: Okay. Um, well, I don't know how it could be criminal since the Grand Jury already
106 went over all this, but I'm...
107 BARKLEY: Right. I'm just clarifying that.
108 DUNAWAY: Uh-huh. Um, I still don't want, I still don't want him to meet with you until I have a
109 chance to talk with him myself. I think you can understand that. He could be
110 individually named and, and the question, and if you do this investigation prior to his
111 deposition, then he is going to be asked about this during his deposition. And I would
112 rather it occurred after his deposition.
113 BARKLEY: Okay.
114 DUNAWAY: Okay? I, can you understand that?
115 BARKLEY: Sure.
116 DUNAWAY: Okay. So I'm not trying to be, I'm just, I'm not saying no or anything. And I certainly
117 understand why you need to do this investigation in terms of your officers. But I've
118 got to protect him as a client.
119 BARKLEY: Sure. I understand that.
120 DUNAWAY: Um, and, you know, we're, we're looking at four or five more individually named
121 defendants here. So, um, although I think I probably already know the answers to
122 your questions, I want to sit down with, with HOLLENBECK before you talk to him.
123 Um, depending on how that, that goes, um, it may be that I'll be able to produce him,
124 um, prior to his deposition. Um, but I've got to find out exactly what he's going to
125 say first. Because he's going to get asked about this during his, and I don't know if
126 that's good for any of the defendants. You know what I'm saying?
127 BARKLEY: To do what?
128 DUNAWAY: I don't know if it's good for any of the defendants for, um, for you to interview him
129 prior to his deposition and for him to have to talk to about that interview during his
130 deposition.
131 BARKLEY: Okay.
132 DUNAWAY: Okay?
133 BARKLEY: Well, yeah, if, you know, of course, you know, through discovery, you know, typically
134 although the Internal Affairs Division resists releasing, you know, any of our
135 documents or investigations, typically, you know, through the legal procedure as
136 you're aware that, you know, they typically do get them.

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CONFIDENTIAL TELEPHONIC TAPED STATEMENT

IAD #2006-B-0016

Portland Police Bureau / Dunaway

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137 DUNAWAY: Get them anyway. Yeah. Right.
138 BARKLEY: You know, we have interviewed the two AMR paramedics with their attorneys
139 present.
140 DUNAWAY: Okay.
141 BARKLEY: And, you know, our last interviews obviously are directed at Officer HUMPHREYS
142 and...
143 DUNAWAY: Right.
144 BARKLEY: ...the other...
145 DUNAWAY: Right.
146 BARKLEY: ...and the other Portland Police officers who were at the location, at the 1300 Block of
147 NW Everett. But, no our purpose, as I said, in, in not wanting to interview all four
148 jailers that were present, but it seems as if HOLLENBECK was in a position to, to
149 observe possibly more than the other three.
150 DUNAWAY: Okay. All right.
151 BARKLEY: It doesn't seem, you know, from what I've read and, and the reports are, are somewhat
152 vague about the timeline and what specifically happened, it seems as if, by reading
153 these reports, he was more in a position to observe more than say the other three.
154 DUNAWAY: Okay.
155 BARKLEY: Opposed to actually having hands on.
156 DUNAWAY: Okay.
157 BARKLEY: Does that make sense?
158 DUNAWAY: Yeah, it does. Um, let me do this. I've got the, the liaison deputy, oh, for the
159 Sheriff's Office who is supposed to be setting up my interviews with all the deputies
160 prior to their deposition standing outside my door right now.
161 BARKLEY: Okay.
162 DUNAWAY: So, um, so let me get, let me get your number.
163 BARKLEY: Okay.
164 DUNAWAY: And it was Barkley, right?
165 BARKLEY: Yes. It's, it's Michael...
166 DUNAWAY: Michael.
167 BARKLEY: Barkley, B-a-r-k-l-e-y. And my direct number is 503-823...
168 DUNAWAY: Uh-huh.
169 BARKLEY: ...0984. Now, I understand that you have the actual Multnomah County Internal
170 Affairs Division case?
171 DUNAWAY: Uh, I mean am I defending the, the County in the case?
172 BARKLEY: No, no, no. I understand that there is an open Internal Affairs investigation through
173 Multnomah County and that you, in fact, are in possession of that. Is that correct?
174 DUNAWAY: Well, there is no, no. I'm, I mean I have, I don't, the only thing I have is the, is the, is
175 the big report that was done kind of jointly.
176 BARKLEY: Okay.
177 DUNAWAY: That, that, that might be what they're referring to. It's the same one you have.
178 BARKLEY: Oh, okay.
179 DUNAWAY: Yeah. That's all I have.
180 BARKLEY: That's...

CHASSE115147

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Portland Police Bureau / Dunaway

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181 DUNAWAY: Yeah.
182 BARKLEY: ...that's the sense I got also.
183 DUNAWAY: Right. Yeah. There was, uh, I mean all there was here was since, I can tell you
184 straight out there was no use of force in the jail really, except to actually carry him in
185 and carry him out. I'm sure you must have the video.
186 BARKLEY: Yeah, the video...
187 DUNAWAY: You've got the video, okay.
188 BARKLEY: ...but there is no video of the sally port.
189 DUNAWAY: No, there is not.
190 BARKLEY: So, and, and, and that is, that's one of the loose ends that we'd like to clear up.
191 DUNAWAY: Right.
192 BARKLEY: There is no video of the sally port so, therefore, you know, we don't have the luxury
193 of looking at the video saying okay, gee, look at that. The police car got here. It was
194 out there for like five minutes, ten minutes, before the Multnomah County Sheriff's
195 deputies came out to the car. See we don't know that.
196 DUNAWAY: Uh-huh. Okay.
197 BARKLEY: And we're interested in what, what took place, if anything...
198 DUNAWAY: Okay.
199 BARKLEY: ...regarding Mr. CHASSE and the Portland Police officers, specifically in that sally
200 port, which is not videotaped.
201 DUNAWAY: Right, okay. All right. Um, and no, there wasn't, there was an HIR in regard to the
202 use of force by BURTON. Um, but you probably have that too.
203 BARKLEY: Correct.
204 DUNAWAY: Right. Okay. All right. And that, and that's all the documents...
205 BARKLEY: Okay.
206 DUNAWAY: ...at this point.
207 BARKLEY: Is there an open pending Multnomah County Internal Affairs Division investigation?
208 DUNAWAY: Um, not that I'm aware of.
209 BARKLEY: Okay.
210 DUNAWAY: No, not that I'm aware of.
211 BARKLEY: Okay, well, I'll tell you what. If you could give me a call back at your earliest
212 convenience when you feel comfortable with wherever you're at in the process. I'd
213 appreciate that.
214 DUNAWAY: Right. After I talk to HOLLENBECK.
215 BARKLEY: Sounds good.
216 DUNAWAY: All right? And I am trying to set up those meetings right now.
217 BARKLEY: Okay, sounds great.
218 DUNAWAY: Good timing. Okay. I'll talk...
219 BARKLEY: Okay.
220 DUNAWAY: ...I'll give you a call.
221 BARKLEY: Thank you very much.
222 DUNAWAY: Okay. 'Bye, 'bye.
223 BARKLEY: 'Bye, 'bye.
224

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225 **BARKLEY:** The time is 0842 hours.

226

227 2006-B-0016TRS-DUNAWAY

228 Transcribed 072407/1535 C. Yeager

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PORTLAND POLICE BUREAU
INTERNAL AFFAIRS DIVISION
Confidential Taped Statement
Sergeant Michael Barkley #8570

Interview Date: June 6, 2007
IAD #: 2006-B-0016
Complainant: Portland Police Bureau

Interviewed: Tami Hergert

BARKLEY: This is Sergeant Michael Barkley, #8570 with the Internal Affairs Division. Also present is Sergeant Derek Rodrigues, #37149 with the Internal Affairs Division. The date and time are Wednesday, June 6th, 2007 at 1010 hours. We are talking with Ms. TAMI HERGERT, H-E-R-G-E-R-T, a paramedic with AMR Ambulance. Also present is Attorney, Ms. Elizabeth Schleuning, spelled S-c-h-l-e-u-n-i-n-g, who represents AMR. We are in the law offices of Schwabe, Williamson, and Wyatt. Ms. HERGERT is a witness regarding IAD case number 2006-B-0016. First, were there any handwritten documents that were prepared by either Ms. HERGERT or Mr. STUCKER?

SCHLEUNING: Just the pre-hospital care report and, uh, this.

BARKLEY: So, there are no handwritten notes.

SCHLEUNING: There may have been things that they did within the period you are, the Quality Assurance portion that's published under statute, but, um, this is, this is what she did for those.

BARKLEY: Okay. Can you please provide the background of your training and classification as a paramedic?

HERGERT: I'm a paramedic in Oregon. I have been since, uh, 1982. I've been working for basically the same company since 1982. It's changed owners and names, but, basically the same company.

BARKLEY: And can you give us a brief background of your experience as a paramedic. There are certain, there, I understand, there is different levels, classifications of paramedics. So...

HERGERT: Oregon now only has one classification as paramedic. There are three levels of EMT, basic, intermediate, and paramedic.

BARKLEY: Okay, so you are...

HERGERT: A paramedic.

BARKLEY: ...a paramedic. Now, is the classification of paramedic, is that a classification that would be higher than an EMT or where does it fall in line?

HERGERT: It is higher than an basic and an intermediate.

BARKLEY: Okay. Can you please explain what occurred on Sunday, September 17th, 2006 regarding Mr. JAMES CHASSE in the 1300 Block of NW Everett from the time you received the medical call, what was your understanding of that call until you cleared the location. So, what we'd like to know is you get the call, and what was your understanding of the call at that time. You arrive at this location, 1300 Block of NW Everett Street. You did certain things. You were told certain things. And

CONFIDENTIAL TAPE STATEMENT

IAD #2006-B-0016

Portland Police Bureau / Hergert

June 6, 2007

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49 then you cleared. If you could, in your own words, recount from the very beginning
50 of the receiving the call until you cleared.

51 **HERGERT:** Well, we received the call, we responded to the scene. Um, when I got, uh, out of
52 the ambulance, an officer, I believe is a sergeant based on his uniform, came up. I
53 asked him if, um, they just wanted us to transport the patient. If we were there to do
54 a transport. He said essentially no. That, um, they wanted his vital signs, um,
55 checked.

56 **BARKLEY:** Okay, now when you received the call, when the call is dispatched to you, what are
57 you told at that time as soon as you get the call?

58 **HERGERT:** It was coded...

59 **SCHLEUNING:** Look at her...

60 **BARKLEY:** Sure.

61 **HERGERT:** ...a UN1.

62 **BARKLEY:** Now, a UN1 is what?

63 **HERGERT:** It, it's a code that, um, says unconscious, not breathing, abnormal breathing.

64 **BARKLEY:** Okay, so that's, that's all the information you were given prior to arriving.

65 **HERGERT:** To my memory, yes. I can't recall what might have been typed on the, um, MDT. I,
66 I do know we were going to see someone who was in police custody.

67 **BARKLEY:** Okay.

68 **HERGERT:** That the police were calling us to see someone.

69 **BARKLEY:** So, when you arrived at the scene, you're contacted by a uniform sergeant and you
70 base that on, what, the chevrons on his sleeve?

71 **HERGERT:** Yes.

72 **BARKLEY:** Okay. And he asked you specifically what. Did, did he make a request of you or
73 what conversation took place initially between the two of you?

74 **HERGERT:** He walked up as I got out. I asked him if they were just wanting us to transport.
75 Um, he said no. Um, he wanted us to check the man's vital signs. Um, and then I
76 asked him what had happened. He said that they had chased him for some distance.
77 Uh, according to my charts, I wrote down that he, they chased him for several
78 blocks. That he fought with them, um, was cuffed, and then became quiet.

79 **BARKLEY:** Okay, and so, now when you arrived, you were contacted by the sergeant. How, do
80 you recall how many police officers there were?

81 **HERGERT:** Um...

82 **BARKLEY:** At that time.

83 **HERGERT:** ...at that time?

84 **BARKLEY:** Yes.

85 **HERGERT:** At that time, I saw him and as I looked over to Mr. CHASSE, there was another
86 officer standing by his feet.

87 **BARKLEY:** So there were two officers that you recall when you arrived.

88 **HERGERT:** Yes.

89 **BARKLEY:** Okay. Was...

90 **HERGERT:** That is not to say there weren't more.

91 **BARKLEY:** Okay.

92 **HERGERT:** That's what I remember seeing.

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IAD #2006-B-0016

Portland Police Bureau / Hergert

June 6, 2007

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93 **BARKLEY:** Was the Portland Fire Bureau present when you arrived?
94 **HERGERT:** No. They arrived after us.
95 **BARKLEY:** What type of timeframe?
96 **HERGERT:** I don't know if it was shortly...
97 **BARKLEY:** Shortly afterwards...
98 **HERGERT:** ...shortly after.
99 **BARKLEY:** Okay. So, based on the conversation you had with the sergeant, you then did what?
100 **HERGERT:** Walked over to Mr. CHASSE and tried to talk to him. He didn't respond. Um, I
101 could see that his eyes were open, that he was looking towards the ground. That he
102 was breathing. Um, I went to do vital signs. I tried to put the cuff on his arm and
103 was not able to get enough slack to move his arm because of the position he was in.
104 **BARKLEY:** Okay. Now, to clarify that position, when, when you initially contact Mr. CHASSE,
105 is he handcuffed?
106 **HERGERT:** He's cuffed. His feet are restrained and his hands and feet are restrained together.
107 **BARKLEY:** Okay, so the police officers have put handcuffs on him, then what they call a hobble,
108 a nylon cord around his ankles and he had, they had the ankles connected by the
109 hobble to the, uh, handcuffs. Is that correct? Yes or no.
110 **HERGERT:** Uh, yes.
111 **BARKLEY:** Okay. And is Mr. CHASSE lying on his right side, left side, stomach.
112 **HERGERT:** He's laying on his right side, partially rotated forward.
113 **BARKLEY:** Okay. So his eyes are open. And you try to communicate with him and do you get
114 any response.
115 **HERGERT:** No.
116 **BARKLEY:** Okay. At that point, what do you, what is your opinion, based on your observations,
117 and your communication with him. How would you describe his demeanor? Was
118 he at all agitated?
119 **HERGERT:** He was laying quiet.
120 **BARKLEY:** Quiet. But not saying anything.
121 **HERGERT:** Yes.
122 **BARKLEY:** Okay. And so you say that you attempted to put the blood pressure cuff...
123 **HERGERT:** Yes.
124 **BARKLEY:** ...around his arm? Okay. What happened?
125 **HERGERT:** I couldn't get enough slack to move his arm up to wrap the cuff around it.
126 **BARKLEY:** And that was because of why?
127 **HERGERT:** Of the position he was in.
128 **BARKLEY:** And that was because his arm was pulled back because of the hobble and the
129 handcuffs?
130 **HERGERT:** Yes.
131 **BARKLEY:** Okay. So then what happened?
132 **HERGERT:** Uh, I looked at the officer who was at his feet. Um, before I could ask him, before I
133 could say anything, he, he generally said I believe he said not a chance. And then he
134 said try this and he moved Mr. CHASSE's feet closer to his buttocks and that gave
135 enough slack I could get the cuff on his arm.

CHASSE115153

CONFIDENTIAL TAPE STATEMENT

IAD #2006-B-0016

Portland Police Bureau / Hergert

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136 **BARKLEY:** Okay, now so this is, now we're talking about this is not the sergeant that you
137 initially...
138 **HERGERT:** No, it is an officer.
139 **BARKLEY:** ...spoke with. Okay. So at this point, is Portland Fire Bureau, are they present or
140 no?
141 **HERGERT:** I believe they arrived somewhere around the time or right after I took his blood
142 pressure.
143 **BARKLEY:** Okay. Now, you have a partner, Mr. STUCKER.
144 **HERGERT:** Uh-huh.
145 **BARKLEY:** Now, is he assisting you with what it is that you're doing. Or are you doing this
146 independently on your own.
147 **HERGERT:** At that time, I was doing it on my own.
148 **BARKLEY:** Okay.
149 **HERGERT:** Putting the blood pressure cuff on.
150 **BARKLEY:** Okay, was Mr. STUCKER there while you were doing this?
151 **HERGERT:** Yes.
152 **BARKLEY:** Okay. But he's not assisting you physically.
153 **HERGERT:** No.
154 **BARKLEY:** Okay. So you put the cuff on to take his blood pressure and what is Mr. CHASSE's
155 behavior at this time?
156 **HERGERT:** He's still quiet.
157 **BARKLEY:** Okay. And do you get a reading of Mr. CHASSE's blood pressure?
158 **HERGERT:** Yes.
159 **BARKLEY:** And what would be that reading?
160 **HERGERT:** According to my chart it was 110/73.
161 **BARKLEY:** Okay, now can you describe to me the method, without sounding redundant, how is
162 it that you obtained the blood pressure you put on a standard, is that a cardiac
163 monitor cuff?
164 **HERGERT:** It was a _____, yes.
165 **BARKLEY:** Okay, so, okay, explain to me, I saw, I saw a reference to the cardiac monitor in the
166 report with the Portland Fire Bureau. So...
167 **HERGERT:** The blood pressure connects to the cardiac monitor and it's an automatic blood
168 pressure cuff.
169 **BARKLEY:** So it, so the monitor actually does, you put the cuff on and do you have to pump,
170 pump it up?
171 **HERGERT:** No.
172 **BARKLEY:** Okay.
173 **HERGERT:** The monitor, the monitor does it.
174 **BARKLEY:** Okay. And so the monitor has a reading.
175 **HERGERT:** Yes.
176 **BARKLEY:** And that reading was 110/73, is that correct?
177 **HERGERT:** Yes.

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178 **BARKLEY:** Okay. And how does that number, I, I notice, and we'll get to your pre-hospital care
179 report shortly, but so the monitor says 110/73. And how it that then recorded for
180 later reference? Is it handwritten or does it go into a computer tape or what?
181 **HERGERT:** Um, yes, it can, it, you can get a computer tape off the light pack. It'll print out the
182 vital signs that you took.
183 **BARKLEY:** And did, is that what occurred in this case?
184 **HERGERT:** Uh, I, I tend to write on my glove. I may have written on my glove.
185 **BARKLEY:** Okay. So not only, so, so in this particular case, you're not sure whether it printed it
186 out on computerized form or whether you wrote the numbers on your glove.
187 **HERGERT:** I'm sure I, I can't be positive. My general practice is that I write on my glove. The
188 printout is usually printed out at a later time when I go to write the chart.
189 **BARKLEY:** So it, so the monitor...
190 **HERGERT:** It doesn't...
191 **BARKLEY:** ...has a memory?
192 **HERGERT:** ...print it out, yes.
193 **BARKLEY:** Okay.
194 **HERGERT:** It doesn't print it out automatically.
195 **BARKLEY:** Now, you're referring to a computer printout of this monitor? Are you?
196 **HERGERT:** Uh, she just showed me it was there.
197 **BARKLEY:** Can I see it, please? Thank you. And where does it show the, um, the 110/73,
198 because it looks like 119/73.
199 **HERGERT:** Well, if that's the case, then I made a mistake on my chart.
200 **BARKLEY:** Is that 119 or 110?
201 **HERGERT:** It says 119.
202 **BARKLEY:** Okay. So the accurate number, rather than what's on your form, would, is said to
203 110 over 73 would be actually 119 over 73?
204 **HERGERT:** It looks like it.
205 **BARKLEY:** Okay. At the end, can I get a copy of this?
206 **HERGERT:** Um, yeah. I think, do you have, have we already released the pre-hospital care
207 report to you?
208 **BARKLEY:** I have it right here. Yes.
209 **HERGERT:** Okay. Then we'll, we can give you that.
210 **BARKLEY:** Okay.
211 **HERGERT:** I'll have somebody make a copy before you leave.
212 **BARKLEY:** What, what significance...
213 **SCHLEUNING:** I, can I talk to you?
214 **HERGERT:** Yeah.
215 **BARKLEY:** We're going off the record?
216 **HERGERT:** Yeah.
217 **BARKLEY:** Okay, we'll be off the record for a moment.
218 **BARKLEY:** We're back on the record. It is 1026 hours. Okay, Ms. HERGERT, so the actual
219 reading when you took the blood pressure, the machine monitor, um, has a printout
220 that was saved that indicates it was 119/73 opposed to the 110/73 that was reported
221 in your pre-hospital care report. What significance, if any, is there between a 110/73

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222 that you reported in your pre-hospital care report and a computerized printout
223 showing that it was actually 119/73. Is there a significance?
224 **HERGERT:** No.
225 **BARKLEY:** Okay. So you get back to where you were at in this examination of Mr. CHASSE.
226 Now, is Portland Fire Bureau personnel there at this, this particular time?
227 **HERGERT:** I believe so.
228 **BARKLEY:** Okay. And so you take his blood pressure. You're the one that's physically doing
229 all of the examination for vitals, correct?
230 **HERGERT:** Yes.
231 **BARKLEY:** Okay. At, at what point does anyone other than yourself assist you in checking Mr.
232 CHASSE in any way?
233 **HERGERT:** The Fire Bureau checked, uh, the blood glucose.
234 **BARKLEY:** Okay. So you, what happens next? You check his, you check Mr. CHASSE's blood
235 pressure and it comes back as 119/73. You get the reading. You take, do you take
236 the cuff off his arm?
237 **HERGERT:** I don't remember.
238 **BARKLEY:** Okay. What do you do then next?
239 **HERGERT:** Um, we're going to take, uh, blood glucose.
240 **BARKLEY:** And what's the significance of that?
241 **HERGERT:** Um, diabetics can have altered mental status when their blood sugar gets low. It's a
242 way to determine whether someone may be a diabetic or maybe having a stroke or
243 something just, uh, it's become another vital sign to check.
244 **BARKLEY:** So, who is it that's in the process of checking Mr. CHASSE's blood glucose? Is that
245 simply you or who?
246 **HERGERT:** One of the fire, one of the Fire Bureau people actually checked, actually got the
247 blood sample and used the monitor. Is that what you're asking?
248 **BARKLEY:** Okay. Yes. So it was not you that determined the blood glucose level.
249 **HERGERT:** No.
250 **BARKLEY:** Okay. And do you know who, from the Fire Bureau, was the one that checked?
251 **HERGERT:** No.
252 **BARKLEY:** Would it have been the Lieutenant?
253 **HERGERT:** I, I don't know.
254 **BARKLEY:** Okay. So you do the blood pressure. Then the Fire Bureau, how did they go about
255 determining the blood glucose level?
256 **HERGERT:** You, um, get, you, you poke the patient to get a drop of blood, break their skin so
257 you get a drop of blood. It goes on the end of a strip that's plugged into the monitor.
258 **BARKLEY:** Now, is this still your monitor?
259 **HERGERT:** I believe it was our monitor, our equipment was out yet.
260 **BARKLEY:** So your monitor does a variety...
261 **HERGERT:** It's not the light pack monitor. It's a separate piece of equipment.
262 **BARKLEY:** Okay, but we're, so we're still back at the cardiac monitor. And that cardiac
263 monitor...
264 **HERGERT:** Is nitrate blood glucose.
265 **BARKLEY:** ...okay, it _____...

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266 **HERGERT:** The glucose monitor and a separate piece of equipment.
267 **BARKLEY:** Okay.
268 **HERGERT:** So.
269 **BARKLEY:** Okay, so, so somebody from the Fire Bureau pokes Mr. CHASSE to get a drop of
270 blood to check the blood glucose level. And do you recall what that level was?
271 **HERGERT:** 119.
272 **BARKLEY:** Okay. And what does that number represent?
273 **HERGERT:** Uh, a normal blood sugar.
274 **BARKLEY:** So, nothing in that number of 119 milligrams would cause you concern?
275 **HERGERT:** No.
276 **BARKLEY:** Okay. And, at this point, we now established that the 119/73 blood pressure was
277 noted through the computer. How is that we have blood glucose being 119? How
278 does that happen? Is that again monitored and computerized or is that written
279 down?
280 **HERGERT:** Um...
281 **BARKLEY:** How do you retrieve that information as you keep going through...
282 **HERGERT:** You write it down at the time.
283 **BARKLEY:** You write this, this particular number was written down.
284 **HERGERT:** Yes.
285 **BARKLEY:** Handwritten.
286 **HERGERT:** Probably on my glove.
287 **BARKLEY:** Okay. So do you recall whether it be you or the Fire Bureau who wrote down the
288 119?
289 **HERGERT:** If I wrote it on my glove, it was me who wrote it on my glove.
290 **BARKLEY:** Okay. So somebody had to handwrite, because one of the questions I, we, we had
291 when we were looking at this was does AMR and/or the Portland Fire Bureau, do
292 they have like a, a portable computer that as of giving these type of readings, that
293 they enter it immediately or this is all something that's done either by handwriting
294 or, in this case, the blood pressure it actually has a computerized memory.
295 **HERGERT:** It's, it's done by, it's done by handwriting.
296 **BARKLEY:** Okay. So there is no computer where somebody is standing there...
297 **HERGERT:** No.
298 **BARKLEY:** ...and going okay, 119 and they're entering it into a computer. Okay. So, the
299 Portland Fire Bureau gets a reading of 119 for blood glucose. What is the next
300 process involving you?
301 **HERGERT:** Um, before the glucose was taken, we kind of jumped in between there. You wanted
302 to know what happened on...
303 **BARKLEY:** Correct.
304 **HERGERT:** ...um, before, as, uh, about the same time we were getting ready to take Mr.
305 CHASSE's glucose, he looked up at, um, towards me, he saw the life pack that was
306 sitting there, and he asked me what I was doing with his backpack. I told him it
307 wasn't his backpack and I turned it around so he could see the front of it. The back
308 of it is black canvas with a big flap on it. Um, he then looked up around, um, and
309 asked what all the people were doing around him. And, about that time, they went

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310 to try and take, um, the glucose. And, uh, generally we take it by poking the finger.
311 When they tried to grab his fingers, to extend them, he started to fight. So he was
312 held still and we poked him in the forearm instead. Um, and got the blood glucose
313 that way. And then we waited for the results of the glucose test.
314 **BARKLEY:** So, up until that point, Mr. CHASSE was calm, sedate...
315 **HERGERT:** Yes.
316 **BRUMFIELD:** ...just lying there. He gets agitated, uh, when he realizes that someone is about to,
317 in this case, the Portland Fire Bureau, was about to poke him to get some, some
318 blood.
319 **HERGERT:** Right.
320 **BARKLEY:** Is that correct?
321 **HERGERT:** At, uh, actually I have no idea if he had agitated because he thought we were going
322 to poke his finger or because he thought we were in his backpack.
323 **BARKLEY:** Okay.
324 **HERGERT:** That's just the time period at which he became agitated.
325 **BARKLEY:** Okay. And what was the response of anyone there to deal with Mr. CHASSE
326 becoming agitated?
327 **HERGERT:** Well, as he started to move around, we needed to, we held his arm steady so we
328 could poke it with a needle and get the drop of blood.
329 **BARKLEY:** So, he is still laying, lying on his right side, so his left arm would have been poked,
330 is that correct?
331 **HERGERT:** Yes.
332 **BARKLEY:** Okay. So, at this point, what is the reaction by the Portland Police officers on-scene
333 to Mr. CHASSE becoming agitated and was he physically, you know, attempting to
334 get up or to move around?
335 **HERGERT:** He, he was moving, he just kind of, well, he couldn't move much in the position he
336 was in. He was, um, kind of rolling a bit.
337 **BARKLEY:** Okay. So, what, I mean, what, what, what is the, what is the reaction by both the
338 police officers, AMR, Portland Fire Bureau personnel, how do they go ahead and get
339 him stabilized or calmed down.
340 **HERGERT:** Um, I don't remember exactly how we did it. I can tell you that normally he simply
341 would have been held, his shoulders would have been held, his arm would have
342 been held long enough to get the blood sample and then we would have let him go.
343 **BARKLEY:** Okay, at that point, did you, did you, did you observe or hear anything that you
344 would consider to be inappropriate by anyone there at the scene, by AMR, by
345 Portland Fire Bureau, and specifically Portland Police Bureau?
346 **HERGERT:** No. No.
347 **BARKLEY:** Okay. So, you get his blood...
348 **HERGERT:** Uh-huh.
349 **BARKLEY:** ...and then what happens? Does he continue to be agitated or does he calm down?
350 **HERGERT:** I think he calmed down.
351 **BARKLEY:** Okay. Then what?

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352 **HERGERT:** Um, then I went, I, I, I moved away from Mr. CHASSE. I went to the sergeant and
353 told him that, um, he had normal vital signs. Um, and that he, it, he could probably
354 be on some sort of drug.

355 **BARKLEY:** Okay. Now, let me give you a copy of your pre-hospital care...

356 **HERGERT:** I have one.

357 **BARKLEY:** You have one?

358 **HERGERT:** Yeah.

359 **BARKLEY:** Okay. I'll give you a copy so you can refer to what's been highlighted. So, at this
360 point, have you seen anything at all by anyone at the scene, including citizens,
361 Portland Police officers, Portland Fire Bureau personnel, AMR, yourself, including
362 Mr. STUCKER, or any citizens that you would consider to be inappropriate
363 behavior, either physically or verbally at that point?

364 **HERGERT:** No.

365 **BARKLEY:** No. Okay. Refer to your, your pre-hospital care report. And I, I've got to touch on
366 this now because you're, you're talking about the vital signs. Look at page two and,
367 at the very bottom, it, it has your name, TAMARA HERGERT, and it says vital
368 sign, ECG, blood pressure 110 over 73. Now, we've already determined it is
369 actually 119 over 73. It says pulse, 100. When was Mr. CHASSE's pulse taken?

370 **HERGERT:** Um, it was taken twice. The machine automatically takes it.

371 **BARKLEY:** Now, you're talking about the cardiac monitor?

372 **HERGERT:** Yes.

373 **BARKLEY:** Okay.

374 **HERGERT:** Automatically takes it, um, at the same time it takes the blood pressure.

375 **BARKLEY:** Okay.

376 **HERGERT:** Um, I believe I checked Mr. CHASSE's carotid pulse when I initially, um, made
377 contact with him.

378 **BARKLEY:** Okay, so to back up then, so to walk through this methodically, you talked to the
379 sergeant. You go over, there's another officer standing at Mr. CHASSE's feet. You
380 then attempt to communicate with Mr. CHASSE. You get essentially no response.
381 You then want to check, you want to check Mr. CHASSE's vital signs.

382 **HERGERT:** Well, I, I believe that when I talked to him and got no response, I reached up and
383 checked a pulse.

384 **BARKLEY:** Okay, so at that time, be, prior to taking his blood pressure, you physically checked
385 his carotid artery for a pulse.

386 **HERGERT:** I think so.

387 **BARKLEY:** Okay. And respiration is 18. That's noted on the bottom of page two of your pre-
388 hospital care report. Now, is that a number that is manually...

389 **HERGERT:** I would have counted that.

390 **BARKLEY:** You would have counted that. The machine does not do that?

391 **HERGERT:** No.

392 **BARKLEY:** Okay. When would you have done the respirations of 18? Would it have been after
393 checking his carotid?

394 **HERGERT:** Probably all within the same time.

395 **BARKLEY:** So, you, okay, we now know you did...

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396 **HERGERT:** I, I, I don't know exactly at what point through this I counted.
397 **BARKLEY:** Okay.
398 **HERGERT:** You can look at someone and see that they're breathing.
399 **BARKLEY:** Correct.
400 **HERGERT:** You can look and see whether they are breathing abnormally slow or abnormally
401 fast, um, just in an initial walk in and look at someone.
402 **BARKLEY:** How, how, how did you establish the respirations to be 18?
403 **HERGERT:** At some point, I would have actually looked and counted...
404 **BARKLEY:** And...
405 **HERGERT:** ...by watch.
406 **BARKLEY:** ...looked and counted what?
407 **HERGERT:** His respirations.
408 **BARKLEY:** Okay, how do you do that?
409 **HERGERT:** You watch their chest rise and fall. Um, in Mr. CHASSE's case, you could also, he,
410 uh, has a split lip and there was, um, some blood on his mouth. And every time he
411 exhaled, he blew this little piece of bubble.
412 **BARKLEY:** Okay.
413 **HERGERT:** And he blew into a little, um, small pool of blood that was below his mouth.
414 **BARKLEY:** So, so...
415 **HERGERT:** So, along with watching the chest, you could also see him, blood move.
416 **BARKLEY:** Okay, so, so respirations are determined by vision.
417 **HERGERT:** Yes.
418 **BARKLEY:** Okay. So you could, that could have possibly been determined the same time that
419 you were doing the physical check of his carotid for a pulse.
420 **HERGERT:** Yes.
421 **BARKLEY:** Okay. So, when you see all these vital signs, the 119 over 73, the, the pulse of 100,
422 respirations of 18, do any of those numbers cause you any concern?
423 **HERGERT:** No.
424 **BARKLEY:** And on top of that, the Portland Fire Bureau, and it has registered a blood glucose of
425 119. So take all those numbers and your physical observations, at that particular
426 moment, did you have any concern for Mr. CHASSE's health?
427 **HERGERT:** No.
428 **BARKLEY:** Okay.
429 **RODRIGUES:** This is Sergeant Rodrigues. Ms. HERGERT, now that we determined that his blood
430 pressure was 119 over 73, how would you equate that in terms of an individual.
431 Would that be consistent with someone sitting, someone who just ran a marathon,
432 somebody, what level of state would, would that be consistent with? Resting...
433 **HERGERT:** It, it all depends on the, on the particular person.
434 **RODRIGUES:** Right.
435 **HERGERT:** Um, runners generally run marathons and still have fairly normal blood pressures
436 because their, their normal maybe lower than yours or mine.
437 **RODRIGUES:** So, the readings that you had, obviously you didn't know him or his background or
438 anything. It would, it would, it's individual specific. Is that what you're saying? Is
439 there a, is there a generalization as to, through your training and experience as far as

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440 most people in a normal resting state? Would, would that be consistent numbers or
441 are you able to...

442 **HERGERT:** Is, is 119 over 73 considered a normal resting blood pressure?

443 **RODRIGUES:** Yeah, or what state, or what state _____

444 **HERGERT:** Yes, it can be.

445 **RODRIGUES:** Thank you.

446 **BARKLEY:** So, at this point, you, you say you recontacted the, the sergeant to inform him that
447 the vital signs were within the normal range.

448 **HERGERT:** Vital signs were normal. Right.

449 **BARKLEY:** And then what happened.

450 **HERGERT:** And I asked him if he, I asked him again if he wanted us to transport Mr. CHASSE.
451 And he indicated no. Um, and then, I'm not sure, somehow he signaled the other
452 officers. I don't know if he said something and I missed it or did a hand signal, but I
453 had seen movement and I saw them pick up Mr. CHASSE and move toward the
454 squad cars.

455 **BARKLEY:** At that point, when you had this conversation with the sergeant, did you have any
456 further conversation with any police officers at the scene?

457 **HERGERT:** I got my, um, refusal paperwork out of the ambulance and, um, took it up toward,
458 um, where the officers were standing at the squad cars.

459 **BARKLEY:** Now this is after Mr. CHASSE has been placed in the police car?

460 **HERGERT:** Yes.

461 **BARKLEY:** Okay. Um, I walked up, I asked who was doing the paperwork. The sergeant
462 indicated another officer. I asked him to sign the refusal form, and he did. And
463 then, um, I went back to the ambulance and we cleared the scene.

464 **BARKLEY:** Okay. To the best of your ability, aside from what you've already explained to us
465 what was communicated between you and the police officers, and you and the
466 Portland Fire Bureau, is there anything else specifically that you can recall that was
467 either communicated in a, in a request or a direction by the Portland Police officers
468 to you or of you, other than what you've already explained.

469 **HERGERT:** Uh, I don't think I understand what...

470 **BARKLEY:** Did, for instance, did any Portland Police officer explain to you, other than that Mr.
471 CHASSE had been chased several blocks, did they go into detail to explain to you,
472 you know, that how he had fallen and in what manner he had fallen?

473 **HERGERT:** No.

474 **BARKLEY:** Did they provide you with, with de, detailed information of how did, and Mr.
475 CHASSE got on that sidewalk?

476 **HERGERT:** No.

477 **BARKLEY:** So it would be selection, and I know this is going to be somewhat repetitive, but the
478 best of your ability, can you, once again, explain what it is that any police officer,
479 including the sergeant, had either told you, requested of you, any communication
480 that you recall that you received from any Portland Police officer.

481 **HERGERT:** That when I asked what had happened, that he, um, they just attempted, I, I assume
482 they attempted to stop him. That they had chased him, um, for quite a distance. That

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483 when they caught him, he struggled with them. Um, while they, while they were
484 trying to restrain him. And that, um, then he went limp.
485 **BARKLEY:** Okay. That, that, that's the sergeant, that's the sergeant telling you this.
486 **HERGERT:** Yes.
487 **BARKLEY:** And then the sergeant requests that you check Mr. CHASSE's vital signs. Correct?
488 **HERGERT:** Right. But, yes, before they take him to jail.
489 **BARKLEY:** Okay. And then you go over, you check Mr. CHASSE, there's another officer, not
490 the sergeant, who is there. And was there any other comment made by him other
491 than when you couldn't get the blood pressure cuff around his arm, something to the
492 effect that that's not going to happen in the sense of uncuffing him for you to take
493 this test. Was there anything else specifically that you can recall that was either
494 requesting you by the Portland Police officers or that you were advised of?
495 **HERGERT:** No.
496 **BARKLEY:** Okay. How about the Portland Fire Bureau personnel. Same thing. How did they,
497 how did, how did you do work in concert with them. You, you obviously, had some
498 very specific rolls where you, you know, had, you checked the blood pressure. You
499 took the pulse. The Portland Fire Bureau took the blood glucose level. What
500 communication took place between you, Mr. STUCKER, the other paramedic from
501 AMR, and the Portland Fire Bureau? Anything that you can recall, any comments
502 made, any requests made?
503 **HERGERT:** Um, when the Bureau, when the Fire Department got there, you know, the
504 paramedic came up. I, uh, believe I stood up and told him what I had been told
505 about Mr. CHASSE. Um, and what I had gotten so far, I mean, I can't, I don't
506 remember if they arrived before I had gotten the blood pressure or right after I had
507 gotten it or, whatever. Um, we discussed to taking, um, the blood glucose. Went
508 ahead and, and, and went ahead and took it.
509 **BARKLEY:** So any comments that you could recall being made between you and the Portland
510 Fire Bureau as these readings are, are being established. Was there any
511 communication saying well, this looks good, this looks normal, or anything of that
512 nature.
513 **HERGERT:** Um...
514 **BARKLEY:** That you recall.
515 **HERGERT:** ...specifically, I don't recall. I, I am sure that we, uh, I mean, we all knew what the
516 readings were. I either would have told them when they got there,, um, what I had
517 gotten or it occurred as they were there and they saw it themselves.
518 **BARKLEY:** Can you recall, uh, and recount any conversations that you may have had with any,
519 anyone other than the Portland Police officers or the Portland Fire Bureau personnel,
520 i.e. a citizen.
521 **HERGERT:** On, on-scene?
522 **BARKLEY:** On-scene, yes.
523 **HERGERT:** Um, I do not talk to any citizens on-scene.
524 **BARKLEY:** Okay. You've done a good job of describing Mr. CHASSE's demeanor and
525 behavior. But now going back and looking at, other than the description that you
526 provided. Is there any other description that you can, can, can provide regarding Mr.
527 CHASSE. You say that when you get there, he's already got the handcuffs on. He's

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528 hobbled with his ankles pulled up behind his back. He's docile, just laying there not
529 talking. Um, and then he gets agitated and, and is moving around when the Portland
530 Fire Bureau, well either simultaneously he re, he believes that your cardiac monitor
531 is his backpack and/or when the Portland Fire Bureau attempts to take his blood
532 glucose. Did you observe Mr. CHASSE attempt to bite any of the officers or that he
533 did bite them?
534 **HERGERT:** No.
535 **BARKLEY:** So, was that ever communicated to you by any of the Portland Police officers that
536 they had been bitten or that Mr. CHASSE attempted to bite them?
537 **HERGERT:** On the scene?
538 **BARKLEY:** Yes.
539 **HERGERT:** To me?
540 **BARKLEY:** Yes.
541 **HERGERT:** No.
542 **BARKLEY:** So you never observed that. So that would either have been before you arrived or
543 after you left, if that occurred.
544 **HERGERT:** I never observed it.
545 **BARKLEY:** Okay.
546 **HERGERT:** Correct.
547 **BARKLEY:** So any other behavioral or issues dealing with Mr. CHASSE's demeanor that you
548 can recall except for that he's docile to begin with when you arrived. He gets
549 agitated, attempting to move around, uh, at that particular moment that we've
550 already discussed. Any other behavioral or issues dealing with his demeanor that
551 you can recall that stand out?
552 **HERGERT:** No.
553 **BARKLEY:** He wasn't yelling, screaming, anything of that nature?
554 **HERGERT:** Um, he was yelling at the point we were doing the blood glucose. I'm sure he was,
555 uh, I, I remember he was just yelling. Um, but I don't specifically remember
556 anything else.
557 **BARKLEY:** Okay. You arrived at the location of 1500 Block of NW Everett Street at 1725
558 hours.
559 **HERGERT:** Okay.
560 **BARKLEY:** And this, according to your printout and what we have available, and then you
561 cleared at 1741. So that's sixteen minutes later. During that time you were there,
562 did you observe and/or hear anything regarding police officers or Portland Fire
563 Bureau personnel that you considered not in Mr. CHASSE's best interest.
564 **HERGERT:** I, I'm not sure what you mean by that. I'm sorry.
565 **BARKLEY:** Did you, did you hear or observe anything during that sixteen minutes that you were
566 at that location, that you would have considered either something verbally that was
567 stated or an action by any member of the Portland Police Bureau or the Portland Fire
568 Bureau to have not been in Mr. CHASSE's best interest, i.e..
569 **HERGERT:** Are you asking me if I heard or saw anything that I would have considered abusive?
570 **BARKLEY:** Abusive or not, or, or not in Mr. CHASSE's best interest. For instance, you had
571 said that you advised them that his vital signs were normal. Let's say they weren't

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572 as a hypothetical. And they ignored your advice and they still took him, that clearly
573 would not have been in the Mr. CHASSE's best interest. So, that's what I'm asking
574 for your clarification. Was there anything that was said or done by any member of
575 the Portland Police Bureau or the Portland Fire Bureau that was not in Mr.
576 CHASSE's best interest? Would it have been in his best interest to have the hobble
577 removed. That's what I'm asking. Anything that you can think of that was either
578 done or not done that affected Mr. CHASSE's best interest in a health care sense.
579 **HERGERT:** Uh, in a health care sense. Um, I don't think so. Releasing the hobble would have
580 made my job simpler and it would have made Mr. CHASSE certainly more
581 comfortable. But I don't believe it would have affected, um, the vital signs that we
582 got or anything like that.
583 **BARKLEY:** You, you stated earlier that when, when you cleared the scene and that would have
584 been at 1741 hours, that you did not stay at the scene talking to Portland Fire Bureau
585 or Portland Police officers. That 1741 represents a time when in which you and
586 your partner, Mr. STUCKER, had put your equipment in the ambulance and then
587 drove away, correct?
588 **HERGERT:** Yes.
589 **BARKLEY:** Okay. When, so you did not, just to clarify this, once you get done checking him out
590 and you observed who picked Mr. CHASSE up to put him in the police car.
591 **HERGERT:** Um, officers. Uh, the sergeant was still standing, I believe he was still standing near
592 to me when I turned and looked. I know they had, there were at least, at least three,
593 'cause they had picked up, him up by both arms and there was at least one person at
594 the feet.
595 **BARKLEY:** And would the sergeant then, one of those people, was he standing by the police
596 car? Do you recall?
597 **HERGERT:** I, I don't recall.
598 **BARKLEY:** Okay. Did the Fire Bureau assist in picking Mr. CHASSE up and carrying him to
599 the police car?
600 **HERGERT:** I don't think so.
601 **BARKLEY:** Okay. Did you observe how Mr. CHASSE was placed in the police car?
602 **HERGERT:** No.
603 **BARKLEY:** So you don't know whether he was placed on his front side, chest, or in a sitting
604 position?
605 **HERGERT:** No.
606 **BARKLEY:** Okay. At the time that you were at that location until you departed, did you have
607 any specific concerns regarding Mr. CHASSE's medical condition?
608 **HERGERT:** In terms of what?
609 **BARKLEY:** Medically speaking.
610 **HERGERT:** Are you asking me if I thought it was unsafe for him to leave?
611 **BARKLEY:** Correct.
612 **HERGERT:** No, I did not.
613 **BARKLEY:** You believed it was, he was, he was, he was staying alive...
614 **HERGERT:** I believed, I believe he was safe to go with the police to jail.

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615 **BARKLEY:** Okay. Did you and/or Mr. STUCKER, your partner, form an opinion regarding Mr.
616 CHASSE's psychological state based on your observations and examination?
617 **HERGERT:** I can't speak for KEVIN. Um, I told the officers that there was a possibility that he
618 could have been on drugs.
619 **BARKLEY:** Okay, and why, what, what led you to believe that Mr. CHASSE may have been on
620 drugs?
621 **HERGERT:** Um, that, that may have been colored by, um, I believe when I was walking from the
622 ambulance towards Mr. CHASSE, I heard somewhere else, um, that he was stopped
623 for, um, that they thought he had drugs. And that may have colored my opinion.
624 **BARKLEY:** Okay. Do you recall who would have said that?
625 **HERGERT:** No, I didn't, I didn't look to see who was...
626 **BARKLEY:** Was it cocaine that was mentioned, or do you just recall drugs?
627 **HERGERT:** Just drugs.
628 **BARKLEY:** Okay. Did you have an opinion as to Mr. CHASSE's intoxication state?
629 **HERGERT:** I did not smell any alcohol on Mr. CHASSE.
630 **BARKLEY:** How about intoxication by any form.
631 **HERGERT:** Uh, it's possible he could have been on drugs, that would have explained, uh, why
632 he thought my, my piece of equipment was, um, the backpack or, um, his agitation
633 when we were dealing with him.
634 **BARKLEY:** Okay. What was Mr. CHASSE's physical appearance, i.e. the condition of his
635 personal hygiene, clothes, et cetera, in your opinion.
636 **HERGERT:** Um, gosh, I don't think I remember. Uh, I know that his, uh, hair was partially
637 covering his face. I moved it some to look, so it looked like it was kind of straggly,
638 but, um, I don't, I don't recall whether he was, or you're asking me if he looked
639 dirty or clean or...
640 **BARKLEY:** Un, unkempt, soiled.
641 **HERGERT:** Um, I don't remember.
642 **BARKLEY:** Okay. Did Mr. CHASSE's appearance and/or psychological condition affect the
643 quality of medical attention and examination that he received from you, AMR,
644 and/or the Portland Fire Bureau?
645 **HERGERT:** No.
646 **BARKLEY:** Now in reference to your information form and I'll provide you with a copy of that
647 form here, this is a form that apparently was prepared by and signed by you and at
648 the top, it's referenced to information form. And would this have been the form that
649 you had prepared on September 17th, 2006?
650 **HERGERT:** Yes.
651 **BARKLEY:** Okay. Can you explain why Officer HUMPHREYS signed this form?
652 **HERGERT:** Um, I had gone up and I, well, I had asked for someone to sign the form.
653 **BARKLEY:** Why?
654 **HERGERT:** I would get it signed on, um, all cases like these. Well, when we were supposed to
655 get a form signed every time we see a patient who, um, isn't going to the hospital.
656 **BARKLEY:** Okay, so in this particular case, clearly, Mr. CHASSE, when, when the entire
657 incident concludes, is not going to the hospital because he's being placed in the back

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658 of a police car. At that time, that's when you requested Officer HUMPHREYS to
659 sign this form?
660 **HERGERT:** I went up to the patrol cars. I spoke to, in general to the group, asking who was
661 doing the paperwork. Um, and the sergeant indicated another officer, who then
662 signed the form.
663 **BARKLEY:** Okay. And you circled that Officer HUMPHREYS was the guardian.
664 **HERGERT:** These forms are not perfect. Uh, as you can see, it's patient or guardian assessment.
665 **BARKLEY:** Correct.
666 **HERGERT:** Um, I circled that not in terms of assessment, but in terms of I was speaking to a
667 guardian. The rest of the, to indicate it was a guardian signature. I, that's just what I
668 meant.
669 **BARKLEY:** Okay. So, is it routine for you to request either the patient or specifically, in this
670 case, the police to sign this information form if they refuse or if they don't go to the
671 hospital, just blanket, they don't go to the hospital.
672 **HERGERT:** No, not just blanket. They don't go to the hospital. Sometimes, we are called to
673 incidents where there are no injuries and no complaints, and the person, then call for
674 themselves, so we wouldn't have them sign a form saying they had a problem and
675 didn't want to go to the hospital. Cause they didn't have a problem.
676 **BARKLEY:** Okay.
677 **HERGERT:** Um, when we see someone and evaluate them, yes, we try and have the patient sign
678 the form if they do not want to go to the hospital.
679 **BARKLEY:** Okay, but you keep saying if they don't want to go to the hospital. But...
680 **HERGERT:** In this particular case, the reason I have the officer sign is because he is in police
681 custody and, to my understanding, the officers are deciding where that patient is
682 going to go.
683 **BARKLEY:** Okay. And, and to clarify, based on your examination, along with the Portland Fire
684 Bureau's examination, you would not, or would you have recommended that this
685 patient go to the hospital based on your complete examination and findings?
686 **HERGERT:** Based on what I saw and the vital signs I got, I did not tell the officers that he
687 needed to go to the hospital.
688 **BARKLEY:** And your opinion is what? Should he have gone or should not have gone, at that
689 time, not now today.
690 **HERGERT:** At that time, I thought he could safely go to jail.
691 **BARKLEY:** Okay. Let's say he wasn't hypothetically going to go to jail. Let's say he wasn't in
692 handcuffs. And after you checked his vitals, would Mr. CHASSE, in your opinion,
693 physically have been able to, to just simply walk away, in your opinion been stable,
694 medically speaking?
695 **HERGERT:** There is a lot of hypothetical there. Um, much would have depended on what Mr.,
696 what our interactions with Mr. CHASSE had been. If he had just been someone we
697 found on the street. If he had re, kept refusing to talk to us and walked away, um,
698 we wouldn't have gotten vital signs and we would have assumed that he didn't want
699 our care because he was making it clear by leaving us he didn't want any help. If we
700 had gotten vital signs and they were normal and he simply refused to sign the
701 paperwork, or talk to us, and he walked away, um, we wouldn't have had any reason
702 to stop him. So, is that what you're asking me?

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703 **BARKLEY:** Yeah. Yeah. Now, referring to the _____, you know here under patient or
704 guardian assessment, number two it says altered level of consciousness and you
705 marked yes. What does that mean?

706 **HERGERT:** That I could not determine he had a normal level of consciousness. I, it was, it's
707 basically, it's a yes/no question and one I could not say no to because he never spoke
708 directly to me in answer to questions such as what's your name, um, what day is it.

709 **BARKLEY:** There was no response...

710 **HERGERT:** Where are you. He didn't answer any of those questions.

711 **BARKLEY:** Okay. And head injury, number three under that. Nothing is marked.

712 **HERGERT:** Um, I don't believe I had seen any, I don't know why I didn't mark it.

713 **BARKLEY:** Okay. And then alcohol, number four, alcohol, drug ingestion, or psychiatric
714 impairment. You marked unknown and yes. What, what does that mean?

715 **HERGERT:** I believe I marked unknown and then I thought about the fact that I had wrote that
716 he was probably, that, that he could be on drugs and I wrote yes.

717 **BARKLEY:** Okay.

718 **HERGERT:** 'Cause there was a possibility, both unknown and yet there was a possibility.

719 **BARKLEY:** So, to clarify this, if, if you get a call to a location and the police, and there is police
720 officers at the location, and the patient doesn't go to the hospital for whatever
721 reason, and do you first ask the patient, generally speaking, to sign this form?

722 **HERGERT:** It depends on if they are in custody.

723 **BARKLEY:** Well, if they're not, let's say they're not.

724 **HERGERT:** If they're not in custody, um, it's all on the patient. The most we would have an
725 officer do is sign as a witness if the patient refused to go or refused to sign.

726 **BARKLEY:** Okay. And, but in this particular case, it is routine for you to ask police officers
727 present if the subject is in custody to sign this form.

728 **HERGERT:** Yes.

729 **BARKLEY:** Okay. What, what if Officer HUMPHREYS and the other Portland Police officers
730 present had refused to sign the form? What would you have done then?

731 **HERGERT:** I would have documented the fact that they refused to sign the form.

732 **BARKLEY:** So you would not have asked the Portland Fire Bureau to sign the form.

733 **HERGERT:** Uh, I don't know. But if I did, it would have been as a witness to the police not
734 signing, not, they weren't refusing transport for Mr. CHASSE.

735 **BARKLEY:** What, what's the significance of this form?

736 **HERGERT:** An acknowledgement basically that we were there.

737 **BARKLEY:** And so it doesn't have, does it have anything to do with, the issue of liability?

738 **HERGERT:** I'm sure it does.

739 **BARKLEY:** Okay.

740 **HERGERT:** He doesn't want to speculate it, so you don't know.

741 **SCHLEUNING:** You know...

742 **BARKLEY:** Is, is this, let me just ask it in a different way. Is your understanding that this form
743 is, is a standardized form that AMR has because you were at a location and you
744 provided a service and your service is now then ended. And you request either the
745 patient or the police, depending on the circumstances, to sign the form to verify that,
746 in fact, you were there and provided a service. Or, does it also include that there is a

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747 liability issue attached to the fact that you were there and provided a service. Do
748 you know what AMR's position is on that?
749 **HERGERT:** AMR's position is that if we see someone and do any sort of exam, and don't take
750 them to the hospital, that would get the form signed.
751 **BARKLEY:** Or at least request that the form be signed.
752 **HERGERT:** Yes.
753 **BARKLEY:** Okay. Now, it's approximately 11 minutes after 11, so we've been in here for an
754 hour. Do you need to take a break before we conclude this?
755 **HERGERT:** No.
756 **SCHLEUNING:** I do. I need a quick one, I need a quick restroom break if you don't mind.
757 **BARKLEY:** Okay.
758 **HERGERT:** Okay.
759 **BARKLEY:** Okay, it is 11 minutes after 11:00 AM, and we'll be off the recorder for a moment.
760 **BARKLEY:** We're back on the record. It is 1117 hours. And we're with Ms. HERGERT.
761 Referring to your pre-hospital care report, I would like you to clarify a number of
762 points here. On the lower right corner, it's printed 9/17/2006 at 6:41:25 PM. What
763 does that date and number represent?
764 **HERGERT:** Um, well, it's the date the chart was written. And the time, I'm not in, uh, it's
765 probably the time, probably, the time that I transmitted it.
766 **BARKLEY:** So, so, would it represent the date and time that you, that you entered the
767 information or would it be the date and time that you printed it, do you know?
768 **HERGERT:** The charts are done on computer and then they are wirelessly transmitted to another
769 computer. I believe the time is when that transmission occurs. You can print the
770 chart out after the fact or before that or any other time, but I think it's the time it's
771 transmitted. I'm not positive.
772 **BARKLEY:** Okay. Looking at the front section that I've highlighted, the narrative part. You had
773 already stated that the police are requested that you check for life threatening vital
774 signs before they take him to jail. That's correct.
775 **HERGERT:** That's what I wrote.
776 **BARKLEY:** And you've noted here on the second paragraph, VS, which would for vital signs, is
777 that correct?
778 **HERGERT:** Yes.
779 **BARKLEY:** Within normal limits, is that correct?
780 **HERGERT:** Yes.
781 **BARKLEY:** Police, it says, below that, police refusing transport for patient in their custody.
782 What does that mean.
783 **HERGERT:** It means I asked them if they wanted us to take him to jail and they, or to the
784 hospital, sorry, and they said no.
785 **BARKLEY:** Okay. And that, that request by you or that, that question posed by you, was that
786 because you felt that Mr. CHASSE should go to, to, to the hospital, or was that
787 generic.
788 **HERGERT:** Generic.
789 **BARKLEY:** Okay. And it says here advised vital signs were normal, but patient was probably on
790 some sort of drug. Police acknowledged this and signed refusal. Is that accurate?

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791 **HERGERT:** Yes.

792 **BARKLEY:** Okay. If we go to page two, under physical findings. You write down, okay, it says

793 head, negative. How did you determine that now, are we talking about injuries to

794 these specific locations?

795 **HERGERT:** It's where it, it is where injuries would be noted.

796 **BARKLEY:** Okay. So, when you enter negative for head, what does that mean?

797 **HERGERT:** That I didn't see any significant injuries to his head.

798 **BARKLEY:** Was, was that visual or was that actual physical touching of his head?

799 **HERGERT:** Visual.

800 **BARKLEY:** Okay. You say face, negative, not pinpoint, lips bloody. Is that based on what,

801 observation or physical examination?

802 **HERGERT:** If it looks bloody or observation, I could see that. Uh, the pinpoint, um, the Fire

803 Department had checked his pupils. They would have told me if they had been

804 pinpoint, 'cause that would have taken us _____ to narcotic overdose, nor can

805 kind of route.

806 **BARKLEY:** Neck, not assessed.

807 **HERGERT:** That, that means...

808 **BARKLEY:** You didn't, you didn't, did not check his neck.

809 **HERGERT:** No.

810 **BARKLEY:** Chest, negative. What does that mean?

811 **HERGERT:** It means that visually, his chest was moving equally. He was not in any respiratory

812 distress that I could see. And that he was breathing normally.

813 **BARKLEY:** Okay, did you, when you say chest, negative, did you physically ever touch Mr.

814 CHASSE's chest cavity?

815 **HERGERT:** No.

816 **BARKLEY:** Back, not assessed. Is that accurate?

817 **HERGERT:** I, I assume so, yes.

818 **BARKLEY:** Arms, abrasion on elbows, that's visual?

819 **HERGERT:** Yes.

820 **BARKLEY:** Abdomen, not assessed. That's correct? You didn't touch his abdomen. Pelvis, not

821 assessed. Did you or anyone present at that location use a stethoscope to listen to

822 Mr. CHASSE's breathing and, and heart?

823 **HERGERT:** I did not.

824 **BARKLEY:** Did anyone...

825 **HERGERT:** To my knowledge, no one else did.

826 **BARKLEY:** Do you, are you equipped with a stethoscope?

827 **HERGERT:** Yes.

828 **BARKLEY:** And what determines whether or not you use the stethoscope or not.

829 **HERGERT:** Either, um, the visual condition of the patient, the patient's specific complaints, or,

830 uh, well mostly those. Or you visually wondering or, um, the patient having some

831 sort of complaint.

832 **BARKLEY:** Did Mr. CHASSE ever complain to you or anyone else present of any specific pain

833 or injury?

834 **HERGERT:** No.

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835 **RODRIGUES:** Sergeant Rodrigues. Was there ever any indication that Mr. CHASSE was in any
836 type of pain? Grunts, moans, any indicators at all?

837 **HERGERT:** Um, not that I recall.

838 **RODRIGUES:** Okay.

839 **BARKLEY:** So, uh, for the clarification, these numbers concerning his vital sign that either
840 recorded automatically to the cardiac monitor, or they're handwritten either by
841 yourself or Portland Fire Bureau personnel typically on your glove. That's what you
842 said and then you retrieve that information later to be entered into the computer?

843 **HERGERT:** Yes.

844 **BARKLEY:** Okay. Portland Fire Bureau has the exact same vital readings, plus some additional
845 readings. But they're the exact same numbers as, as yours. They indicate that, for
846 instance, Mr. CHASSE's blood pressure was 100/73. Which, they obviously got the
847 incorrect number. So how does that take place, 'cause they fill out a, a pre-hospital
848 care report also. So, is there a link between what the numbers you get and you enter
849 in the computer, does it go to their computer or is this...

850 **HERGERT:** No.

851 **BARKLEY:** ...you're writing down the numbers or they're writing down the numbers and you
852 just all go ahead and key off what the other one is saying. Is that what happens?

853 **HERGERT:** Pretty close.

854 **BARKLEY:** Okay. How close?

855 **HERGERT:** Um, the Fire Bureau, if they're not there, then, and I've taken vital signs, then I
856 would have said what the vital signs were. And they would have written down what
857 they heard, whether they heard what I said, whether I misspoke. Uh, I, I, any of
858 those things are possible in the, in the realm of communication.

859 **BARKLEY:** Here is the, the last section that I want _____ of you and then Sergeant
860 Rodrigues has a few follow-up questions. I understand that you're not a medical
861 doctor. You're not a pathologist. And you're not a medical examiner. So if, if you
862 can explain or clarify the questions, then do so. If you don't feel comfortable
863 because you don't have the level of expertise that I'm going to request of you, then
864 for your, your explanation, then you need to tell me that. Dr. GUNSON, the State
865 Medical Examiner, determined the following. And for the record, I, I don't mean to
866 be redundant with you, but for the record, we have twenty-four total ribs. And in
867 Mr. CHASSE's case, fourteen total ribs were fractured of the twenty-four. Mr.
868 CHASSE suffered twenty-seven total numbers of fractures of the fourteen ribs.
869 Now, according to Dr. GUNSON, and her autopsy, a total of ten fractures occurred
870 due to CPR. A total of seventeen fractures occurred not related to CPR. Five
871 fractures occurred on the left lateral. Nine fractures occurred on the left posterior.
872 Three fractures occurred on the right posterior. Given Mr. CHASSE suffered
873 seventeen fractures of his ribs, not related to CPR, and Dr. GUNSON determined
874 that the left lung to be flail, unstable, can you explain how you were able to
875 determine and obtain vital signs within normal limits at the 1300 Block of NW
876 Everett Street?

877 **HERGERT:** All I can tell you is that I took the vital signs and these are the vital signs I got.

878 **BARKLEY:** Okay. You have been a paramedic since 1982.

879 **HERGERT:** Yes.

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880 **BARKLEY:** So you've been a paramedic for twenty-five plus years about?

881 **HERGERT:** Yes.

882 **BARKLEY:** Based on your experience, if you feel comfortable answering this question, based on
883 your experience, it seems that seventeen fractures seem to be quite severe. If they're
884 not related to CPR and CPR in Mr. CHASSE's case, occurred sometime later,
885 almost an hour later at a different location. So, based on your experience, would
886 you not expect Mr. CHASSE's blood pressure, pulse, respiration to be higher than
887 reported given the total of seventeen fractures?

888 **HERGERT:** You can expect certain vital signs, um, but everybody is different. What I would
889 have expected to see was, um, severe respiratory distress. Very rapid respirations or
890 very slow, and obviously labored breathing.

891 **BARKLEY:** Now, that would have been something that you visually...

892 **HERGERT:** Could see.

893 **BARKLEY:** ...okay. And if you had seen that, at the time, would that have caused you to use the
894 stethoscope?

895 **HERGERT:** Yes.

896 **BARKLEY:** But, did you did you not observe that at the location of the 1300 Block of NW
897 Everett?

898 **HERGERT:** I did not.

899 **BARKLEY:** So, there was no indication to you, at that moment, the sixteen minutes that you
900 were that and Mr. CHASSE was in any respiratory distress.

901 **HERGERT:** No.

902 **BARKLEY:** Based on your experience, would you consider seventeen, a total of seventeen
903 fractures to the ribs to be extensive?

904 **HERGERT:** Yes.

905 **BARKLEY:** And especially if a number of those fractures had penetrated the left lung?

906 **SCHLEUNING:** Would that _____

907 **HERGERT:** Was that _____

908 **BARKLEY:** Yeah, would, would, would that, would, if coupled with seventeen fractured ribs, or
909 excuse me seventeen fractures, okay, and some of those ribs that were fractured
910 penetrating the left lung, you would have seen an increase in respiration or
911 difficulty?

912 **HERGERT:** I would have expected to see respiratory distress.

913 **BARKLEY:** Okay.

914 **HERGERT:** Yes.

915 **BARKLEY:** As far as I'm, my questions, is there anything else that you wish to add, clarify
916 regarding the in-custody death of Mr. CHASSE?

917 **HERGERT:** No.

918 **SCHLEUNING:** Let's, let's just take a break, real quick.

919 **BARKLEY:** One, one second. He has a few real quick questions.

920 **HERGERT:** Okay.

921 **RODRIGUES:** Back to where Mr. CHASSE, right before he got the blood sugar prick and when he
922 recognized your bag or actually he saw your bag and thought it was his. You

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923 mentioned that he fought. What, what, what exactly did he do? And that, I'm
924 looking at the level of resistance. What...

925 **HERGERT:** I believe he just started moving, like rolling and moving.

926 **RODRIGUES:** Okay. Was that significant as far as, was that a concern from you like, oh, he's, he's
927 getting out of control or was it...

928 **HERGERT:** No.

929 **RODRIGUES:** Okay. And was he restrained or held down as a result of that? So that the fire guys
930 could get the blood.

931 **HERGERT:** He was held steady. He, the, they had a hold of his arm...

932 **RODRIGUES:** Okay.

933 **HERGERT:** ...trying to hold him still enough they could prick him without pricking themselves.

934 **RODRIGUES:** And who held him?

935 **HERGERT:** I believe the Fire Department. And there was still the officer at his feet. He was
936 there throughout, on, my guess is on, that would be a guess.

937 **RODRIGUES:** Uh-huh.

938 **HERGERT:** But that he would have, at least reached out and held his legs, but I don't know for
939 sure.

940 **RODRIGUES:** Was that, again, anything significant as far as that would raise any concerns with
941 you or like, was that like a fight or was that like a big deal, as far as...

942 **HERGERT:** No.

943 **RODRIGUES:** Okay. Now did, any, any time you were there, did anybody sit on his back, on his
944 stomach, put any part of the body or weight on any part of his body besides holding
945 his arms to get the needles prick?

946 **HERGERT:** I did not see anyone sit on him. Um, there was a fire fighter on his, kind of squatted
947 down behind him.

948 **RODRIGUES:** Uh-huh.

949 **HERGERT:** It is possible that as they, he was being held and he was trying to roll, that he could
950 have, you know, leaned against his knees, but there was no pressure put at any point
951 by anyone, other than on his arms.

952 **RODRIGUES:** Now, when Mr. CHASSE was picked up and taken to the patrol car, did you see
953 that? Did you see how he was actually put in the car or...

954 **HERGERT:** I did not see how he was put in the car. I saw the first few steps.

955 **RODRIGUES:** Was Mr. CHASSE yelling, screaming, saying anything at this time as he was being
956 picked up and taken to the car?

957 **HERGERT:** I don't know.

958 **RODRIGUES:** So he could have been?

959 **HERGERT:** He could have...

960 **RODRIGUES:** You don't remember or...

961 **HERGERT:** I was doing something else.

962 **RODRIGUES:** Okay. And lastly, if you were told by anyone out there that, see this is what I have
963 so far, you said the information you had is that the police chased him for several
964 blocks. He fought with police, but handcuffed, he became quiet. Is that, is that
965 correct?

966 **HERGERT:** Yes.

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967 **RODRIGUES:** Were you told, and I think you answered this previously, but were you ever told that
968 Mr. CHASSE, while being chased, fell down? At any point, did he fall to the
969 ground? Was there, did you have any information like that or were you ever told
970 about that?
971 **HERGERT:** No.
972 **RODRIGUES:** Okay. Would that have changed your preliminary examination or assessment of him
973 given that information?
974 **HERGERT:** Uh, if he had just been running and falling?
975 **RODRIGUES:** Fall or got shoved or got pushed or tripped while running at a good pace?
976 **HERGERT:** Um, I don't know. It would have, it would have to be more with whether, what they
977 were describing would have indicated significant injury. The, theoretically, being
978 pushed over the top of a car and rolled through the street then that, that would have
979 the possibility for more injuries than if he simply tripped while running and fell
980 down.
981 **RODRIGUES:** And, again, this, you weren't aware of this or just given that information by anyone
982 out at the scene while you were there? Besides the fact that he was chased, he
983 fought, they handcuff him, he became quiet.
984 **HERGERT:** That's the information I was given.
985 **RODRIGUES:** Okay. What would you consider, at the time, what was the communication like. It
986 seems like you only basically converse or had information from the sergeant, is that
987 correct?
988 **HERGERT:** Yes.
989 **RODRIGUES:** Okay. Anyone else, any other officer give you information on what occurred or...
990 **HERGERT:** Not me, no.
991 **RODRIGUES:** Okay. Based on that information that you was given, was there, did you want
992 anymore information? Did you need anymore information. Did you feel that the
993 officer gave you everything you needed? Did you desire, at the time, more
994 information? What was the cooperation like? Was it...
995 **HERGERT:** I, the officers were cooperative. I, I, uh, have an expectation that they will tell me
996 what, what I need to know. That if they felt something significant had happened,
997 they would tell me that.
998 **RODRIGUES:** So, the information that he gave you, obviously you weren't there. But the
999 information he gave you, you felt, you didn't feel frustrated is what I'm saying. You
1000 know, I'm the paramedic, I come on-scene, no one wants to talk to me. I don't know
1001 what's going on. Did you get that feeling?
1002 **HERGERT:** No.
1003 **RODRIGUES:** Okay. That's all that I have. Thank you.
1004 **BARKLEY:** I have one other question. Did you ever physically touch, examine, Mr. CHASSE's
1005 chest area?
1006 **HERGERT:** No.
1007 **BARKLEY:** I have no other questions.
1008 **SCHLEUNING:** Let me just chat with her and make sure she's comfortable.
1009 **BARKLEY:** Okay. Okay, we'll be ending this interview unless there is additional statement to be
1010 made by Ms. HERGERT. It is 1138 hours.

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1013 Transcribed 060907/1257 C. Yeager

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PORTLAND POLICE BUREAU
INTERNAL AFFAIRS DIVISION
Confidential Taped Statement
Sergeant Michael Barkley #8570

Interview Date: June 6, 2007
IAD #: 2006-B-0016
Complainant: Portland Police Bureau

Interviewed: Kevin Stucker

BARKLEY: This is Sergeant Michael Barkley, #8750, with the Internal Affairs Division. Also present is Sergeant Derek Rodriguez, #37149 with the Internal Affairs Division. The date and time are Wednesday, June 6th, 2007 at 1155 hours. We are talking with Mr. KEVIN STUCKER, a paramedic with AMR Ambulance. Also present is Attorney Ms. Elizabeth Schleuning, spelled S-c-h-l-e-u-n-i-n-g and STUCKER is spelled S-T-U-C-K-E-R. She is an attorney representing AMR. We are in the law offices of Schwabe, Williamson, and Wyatt. Mr. STUCKER is a witness regarding IAD case number 2006-B-0016. First of all, Mr. STUCKER, do you have any handwritten documents, notes, regarding this incident of the in-custody death of Mr. JAMES CHASSE?

STUCKER: Not that I remember having.

BARKLEY: Okay. Can you provide a brief background of your training and classification as a paramedic?

STUCKER: Uh, paramedic, um, been a paramedic for about, uh, five, five years, five, six years, uh, with Multnomah County, uh, AMR, uh, for about two, two-and-a-half.

BARKLEY: Okay. Can you please explain what occurred on Sunday, September 17th, 2006 regarding Mr. JAMES CHASSE in the 1300 Block of NW Everett Street from the time you received the medical call until you cleared the location.

STUCKER: Do you want kind of a brief overview of the, the whole...

BARKLEY: Provide as much detail as, as you can recall and there will times that I'll, you know, interject with some questions of clarifications as will Sergeant Rodrigues. But from the time you got the call until you cleared the call.

STUCKER: Okay.

BARKLEY: If you can describe your role, what you observed...

STUCKER: Okay. Um, TAMI was, uh, we got the call and, and I was driving to the scene, uh, focused on, on getting there safely. Um, we arrived on-scene, uh, to find the, to, to, and found, uh, the officers, uh, kind of around the patient. Uh, and again, I was driving, came around the ambulance. As I heard, uh, TAMI ask, uh, the off, one of the officers if, uh, they wanted him, uh, the patient transported. Um, he said that they wanted us to check, uh, to check his, his, uh, vital signs and make sure there was any life-threatening vital signs, uh, that he was under arrest, um, and that he was going to jail. Um, at that point, we approached, uh, about fifteen to twenty feet away, approached the other officers and the patient. Um, TAMI interacted with, um, with the original officer and I don't remember exactly who that was.

BARKLEY: Okay, at that time, do you recall how many officers were at the location?

STUCKER: Uh, minimum of three.

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50 **BARKLEY:** Do you recall if Portland Fire Bureau had already arrived at the location?
51 **STUCKER:** I believe so.
52 **BARKLEY:** Okay. And so then what happened?
53 **STUCKER:** Um, TAMI began her assessment of the patient. Uh, my role was, uh, primarily
54 supportive. Uh, and, uh, as, you know, as, as TAMI was assessing the patient, I'm
55 also, uh, doing, uh, a visual assessment of the patient as well. Um, I had walked
56 around, uh, around the patient to, to, uh, to assist with a blood sugar being done.
57 Um, where the patient was, uh, a little bit, little bit, uh, agitated from that, uh,
58 fighting with that blood sugar, trying to help hold his arms still to get the sample of
59 blood on the _____
60 **BARKLEY:** Okay. Let's back up.
61 **STUCKER:** Okay.
62 **BARKLEY:** So TAMI HERGERT goes to Mr. CHASSE. Do you recall what position Mr.
63 CHASSE was in?
64 **STUCKER:** Yeah, he was, uh, in a, um, right, uh, lateral position, handcuffed with his hands
65 behind his back and his feet, uh, behind him with his, with handcuffed to his, uh, to
66 his hands, uh, with a chain. There wasn't, wasn't together, but with, uh, with a
67 chain.
68 **BARKLEY:** Okay, so Mr. CHASSE was lying on which side?
69 **STUCKER:** The right side.
70 **BARKLEY:** Right side.
71 **STUCKER:** Uh-huh.
72 **BARKLEY:** And he was handcuffed and was he hobbled with a chain or was he hobbled with his
73 ankles tied to the handcuffs by a nylon rope?
74 **STUCKER:** That...
75 **BARKLEY:** Or a strap.
76 **STUCKER:** ...that I don't recall specifically.
77 **BARKLEY:** Okay. So TAMI is attending to Mr. CHASSE. You're immediately in the vicinity.
78 Do you recall when Ms. HERGERT begins her evaluation, whether or not Portland
79 Fire Bureau paramedics are also with Mr. CHASSE?
80 **STUCKER:** Um, if there is other paramedics there with him prior to this?
81 **BARKLEY:** No.
82 **STUCKER:** Okay.
83 **BARKLEY:** Portland Fire Bureau...
84 **STUCKER:** Yes.
85 **BARKLEY:** ...personnel. Were they there when TAMI started her...
86 **STUCKER:** Yes.
87 **BARKLEY:** ...evaluation.
88 **STUCKER:** They were, yes.
89 **BARKLEY:** Okay. Do you recall the sequence of, of examinations that Ms. HERGERT did?
90 **STUCKER:** I don't recall specifically. Um, I know that she checked his vital signs. Uh, I
91 believe she looked at his chest. Um, I don't recall specifically anything other than
92 the, the vitals.

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93 **BARKLEY:** Do, can you recall what was specifically requested of, of AMR paramedics, yourself,
94 or Ms. HERGERT or the Portland Fire Bureau personnel by the police?

95 **STUCKER:** Um, primarily that, that, like I said, he was, they wanted his vital signs checked to
96 make there, make sure there was no life threatening vitals. Um, and, uh, if, uh, if
97 there weren't, that he was under arrest and that they were going to be taking him to
98 jail.

99 **BARKLEY:** Okay. How would you describe Mr. CHASSE's demeanor, behavior, when you
100 initially arrived at his side.

101 **STUCKER:** Initially, he was, uh, he was calm. He was, his eyes were open. He was looking
102 around. Um, he, he was, uh, he was breathing about eighteen to twenty breaths a
103 minute. Um...

104 **BARKLEY:** How do you know that?

105 **STUCKER:** I counted.

106 **BARKLEY:** You counted.

107 **STUCKER:** Yes. Like I said, I was visually assessing him as well.

108 **BARKLEY:** Okay. Did, at any time that you were there, did you, did Mr. CHASSE make any
109 complaints of pain or injury?

110 **STUCKER:** Not that, not that I recall. Um, nothing, nothing specific. He, like I said, he was
111 fairly calm. He didn't show any sign of, of being in any severe pain.

112 **BARKLEY:** So visually, your observation, what would that be regarding Mr. CHASSE's health
113 condition. You said you counted eighteen to twenty respirations. Anything else?

114 **STUCKER:** Uh, he, like I said, he was looking around. Um, he would respond to, by, by, by
115 verbal, or by eye contact when asked questions, but he wouldn't talk to us. He
116 wouldn't respond verbally back to us. Um, he, um, he did have a small amount of
117 blood from, from his, uh, nose or mouth. Um, just a small amount on the, on the
118 sidewalk.

119 **BARKLEY:** Okay, you were there at the location from 1725 hours and there sixteen minutes later
120 at 1741 hours. During that sixteen minutes, did you observe Mr. CHASSE's
121 demeanor or behavior change from being in a calm state?

122 **STUCKER:** He had a, he had a, like I say, a brief, uh, period of being a little agitated while we
123 were doing his blood sugar and then he did calm down again. Uh, he was asking
124 questions about his backpack, which was there on the scene, uh, and which I saw.
125 Um...

126 **BARKLEY:** When you say he was agitated, how would you describe that?

127 **STUCKER:** Uh, I would describe that as, uh, trying to fight with us as we were doing his,
128 checking his blood sugar.

129 **BARKLEY:** Now, you say fight. Was, was he attempting to fight with you while he was
130 handcuffed and hobbled, or was he struggling?

131 **STUCKER:** He was trying to get away from being grasped so that we could get a sample of
132 blood. Trying, trying to move his extremities.

133 **BARKLEY:** Did he ever say anything...

134 **STUCKER:** Uh...

135 **BARKLEY:** ...that you recall?

136 **STUCKER:** ...not that I recall. Um, I don't recall anything specific that he said.

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137 **BARKLEY:** You, you say originally an officer asked to have Mr. CHASSE's vital signs checked
138 because he was in custody and going to jail. Do you recall any other conversation
139 that took place between you, Ms. HERGERT, members of the Portland Fire Bureau,
140 or Portland Police officers?
141 **STUCKER:** I, yeah, there was, uh, conversations between, um, Portland, the, uh, the officers, uh,
142 I don't recall specifically which ones that, you know, which officers I was speaking
143 to, um, about the takedown, uh, how that occurred, of the patient, as, as they, uh, as
144 they initially, uh, tried subduing him, uh...
145 **BARKLEY:** So you, what did you overhear?
146 **STUCKER:** Um, I didn't overhear it, uh, anything specific from the officer that was speaking
147 with TAMI, but inside conversation, uh, there was, uh, one of the officer had,
148 officers had mentioned that when the, when the, when he was being taken down,
149 they had, uh, grabbed him from behind, um, and then, and then, um, tripped him
150 forward. As they were going forward, the, uh, the officer mentioned that he had, uh,
151 rolled onto his side shoulder, onto his shoulder, not, not landing on the patient
152 himself.
153 **BARKLEY:** The officer, the off, now was the officer talking to you or was he talking to
154 _____
155 **STUCKER:** He was talking to me, yes.
156 **BARKLEY:** He was talking to you. So he said he was chasing the, Mr. CHASSE and he did
157 what then?
158 **STUCKER:** He had, um, gotten, gotten, uh, from behind him, tripped him forward, and, uh, to,
159 to, to do him, to get him onto the ground after chasing him, um, and then, uh, as they
160 were going forward onto the ground, landing on the, uh, he had rolled, the officer
161 rolled on his shoulder. Uh, not allowing himself to land on the, on the patient
162 himself.
163 **BARKLEY:** Now would this have been Officer HUMPHREYS?
164 **STUCKER:** I, I don't recall.
165 **BARKLEY:** So the officer specifically told you that he did not fall onto Mr. CHASSE/
166 **STUCKER:** Right. That he landed he primarily on his shoulder.
167 **BARKLEY:** Now, did you see any injury to the police officer?
168 **STUCKER:** No.
169 **BARKLEY:** Did he ask to be examined by you? Was there anything else said about the incident
170 as it unfolded that you recall.
171 **STUCKER:** That specific incident?
172 **BARKLEY:** Yes.
173 **STUCKER:** Nothing I can recall.
174 **BARKLEY:** Okay. Do you recall any specific conversations that you either were engaged in or
175 overheard involving anyone there at the location, including citizens.
176 **STUCKER:** Um, there was no, no conversations between me and any citizen. Um, I don't recall,
177 um, any, any conversations with the officer that TAMI was speaking with at the
178 time. Um, TAMI and the fire, uh, paramedic were primarily in conversation
179 together and I was, like I said, I was a supportive role. Uh, you know, at, ready to do
180 whatever they needed to me to do and get whatever they needed me to get. Um, but

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181 there was other conversations between the officer, like I said, in, in, uh, very casual
182 conversation. Um, that, about the, uh, I'm sorry, I lost my train of thought. Um...

183 **SCHLEUNING:** If you can't remember, he can ask you another question.

184 **STUCKER:** Okay.

185 **BARKLEY:** Okay. Did you, so did you overhear Ms. HERGERT from AMR and the Portland
186 Fire Bureau personnel speaking with one another as they were checking Mr.
187 CHASSE's vital signs? Did you overhear...

188 **STUCKER:** Could you, could you repeat the question? I'm sorry.

189 **BARKLEY:** When Ms. HERGERT was checking Mr. CHASSE, along with the Portland Fire
190 Bureau personnel, did you overhear them, the, them discussing the results of their
191 checking Mr. CHASSE's vital signs?

192 **STUCKER:** I had, uh, seen his blood, uh, his blood pressure was normal, uh, but his heart rate
193 was, was, uh, elevated, but within normal limits. Um, again, I counted his
194 respirations myself. Um, his, his blood sugar was normal. Other than that, I didn't
195 hear any other, anything else, uh, from them regarding his vital signs.

196 **BARKLEY:** Okay. Based on your observations and what you heard between people at the
197 location, did Mr. CHASSE's condition at the time cause you any concern?

198 **STUCKER:** No, not at the time. Uh, he, like I said, his breathing was, was, uh, was normal as
199 I've described before. It was like you and I breathing now. Um, he, uh, he made
200 reference to his backpack. Um, he was looking at people when, when he was, when
201 he was spoken to. And his condition appeared fairly normal.

202 **BARKLEY:** So, when you were visually counting Mr. CHASSE's respirations, were you doing
203 that based on breath from his mouth or the actual movement of his chest?

204 **STUCKER:** Uh, the movement of his chest.

205 **BARKLEY:** And you, to clarify that, you counted eighteen to twenty respirations? Okay. Did
206 you observe or hear anything regarding the police officers or Portland Fire Bureau
207 personnel that you considered to be inappropriate at the location?

208 **STUCKER:** Um, I'm sorry. Repeat the question.

209 **BARKLEY:** Did you observe and/or hear anything regarding the Portland Police officers or
210 Portland Fire Bureau personnel that you considered to be inappropriate.

211 **STUCKER:** I did not hear anything or see anything that, that was alarmingly inappropriate.

212 **BARKLEY:** Did you observe and/or hear anything regarding the police officers or Portland Fire
213 Bureau personnel that you considered not in Mr. CHASSE's best interest?

214 **STUCKER:** Not that I can recall.

215 **RODRIGUES:** This is Sergeant Rodrigues. Back to his chest again. You said you visually checked
216 his chest...

217 **STUCKER:** Uh-huh.

218 **RODRIGUES:** ...and it was eighteen to twenty breaths.

219 **STUCKER:** Right.

220 **RODRIGUES:** I mean, I'm not a doctor or nothing or a paramedic, but was the rise and whatever
221 you call it, rise and sink, was it, normal or did, was there anything that concerned
222 you as far as his chest inhaling and exhaling.

223 **STUCKER:** No, there was, uh, good tidal volume. Good equal expansion of his chest.

224 **RODRIGUES:** Okay, okay. Thank you.

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225 STUCKER: Yeah. Like, like I said, uh, breathing as if you and I were breathing now.
226 RODRIGUES: Okay.
227 BARKLEY: Did you and/or Ms. HERGERT form an opinion regarding Mr. CHASSE's medical
228 condition?
229 STUCKER: That, um, no. TAMI and I again, uh, didn't have much, much communication
230 between the two of us. She was primarily, uh, speaking with the fire medic about his
231 condition as I was talking with other officers on the scene.
232 BARKLEY: So, what you visually observed and what you overheard, did you, did you personally
233 form an opinion as to Mr. CHASSE's medical condition at that location?
234 STUCKER: He appeared to be fairly stable to me. It was, but it wasn't my decision at the time.
235 Uh, TAMI was the paramedic in charge.
236 BARKLEY: But, from your objective point of view, it would have been what, concerning his
237 medical condition?
238 STUCKER: Um, well, his breathing was normal. He was looking, uh, he appeared to be, uh,
239 conscious. He, uh, it was fairly stable at the time. I had no immediate concerns of a
240 life threatening condition.
241 BARKLEY: If you had had some concerns, would you have voiced those to your partner, Ms.
242 HERGERT and/or the Portland Fire Bureau personnel?
243 STUCKER: Yes.
244 BARKLEY: And you did not though.
245 STUCKER: I didn't have any concerns, no.
246 BARKLEY: Okay. Did you form an opinion regarding Mr. CHASSE's psychological state?
247 STUCKER: No.
248 BARKLEY: Did you form an opinion regarding Mr. CHASSE's state of intoxication?
249 STUCKER: No, not that I can recall, um, no.
250 BARKLEY: What was Mr. CHASSE's physical appearance, i.e. the condition of his personal
251 hygiene, his clothes, et cetera. Do you recall him being unkempt, soiled...
252 STUCKER: He was, um, that I recall a little bit unkempt. Um, he was wearing, I believe, if I
253 recall, jeans and a T-shirt. Um, other than that, I do, I don't recall, um, specifically
254 anything else.
255 BARKLEY: Did Mr. CHASSE's appearance and/or psychological condition affect the quality of
256 medical attention and examination he received by either AMR and/or the Portland
257 Fire Bureau?
258 STUCKER: No, can you repeat the question?
259 BARKLEY: Did Mr. CHASSE's appearance and/or psychological condition affect the quality of
260 medical attention and examination he received by either AMR and/or the Portland
261 Fire Bureau?
262 STUCKER: I don't believe so.
263 BARKLEY: When you were at that location, did you observe Mr. CHASSE bite and attempt to
264 bite officers present?
265 STUCKER: I did not observe that. I was told that he had possibly tried to bite one officer.
266 BARKLEY: That was, that would have occurred prior to your arrival?
267 STUCKER: That I'm aware of, yes. It did not occur while I, while I was there that I'm aware of.

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268 **BARKLEY:** And Mr. CHASSE's demeanor and behavior, you described him as being calm when
269 you get there. He gets agitated, moving around when they're attempting to take his
270 blood glucose.

271 **STUCKER:** Uh-huh.

272 **BARKLEY:** Anything else in a change of his behavior or demeanor that you can recall?

273 **STUCKER:** Um, he appeared to be, um, a little bit, um, agitated as he was, uh, lifted, uh, from
274 the ground and by the police, um, and swearing. But other, other than that, there
275 was no dramatic/significant changes.

276 **BARKLEY:** So, after Ms. HERGERT and the Portland Fire Bureau personnel finished their
277 examination, do you know what the determination was concerning Mr. CHASSE's
278 condition?

279 **STUCKER:** Yeah, _____ part of that conversation between TAMI and, and the fire medic
280 don't exactly know what they had come to a determination about.

281 **BARKLEY:** Okay. So then what happens when they get done with their examination of Mr.
282 CHASSE?

283 **STUCKER:** Um, at some point, there was a decision made, uh, that, uh, and I'm, again, I'm not
284 aware of the, uh, what, what exactly was said. Um, he was lifted up from the
285 ground, um, by, by police, um, and taken to, uh, I'm, I'm assuming, uh, one of the
286 police cars.

287 **BARKLEY:** Okay, so, so what did you observe? Did you actually observe the police officers
288 picking Mr. CHASSE up?

289 **STUCKER:** Yes.

290 **BARKLEY:** How did they pick him up?

291 **STUCKER:** Um, one, there was three officers that lifted him. Uh, two on each side of his, under,
292 underneath his arms. And one holding the strap that was, uh, that was, uh, holding
293 the feet and arms together.

294 **BARKLEY:** So when they pick him up, you didn't observe where they took Mr. CHASSE?

295 Okay. Regarding your information form, I have a quick question to ask you. This
296 form was signed by Officer HUMPHREYS as the guardian. Do you have any
297 understanding of why that was?

298 **STUCKER:** No.

299 **BARKLEY:** Okay.

300 **STUCKER:** I, I was, I had no part in the refusal process at the time.

301 **BARKLEY:** Okay. Given the circumstances, you get a call to that location, the police ask for Mr.
302 CHASSE's vital signs to be checked to see if they're life threatening. And that he's
303 in custody and is going to go to jail. This particular situation, Mr. CHASSE is
304 handcuffed, hobbled, obviously cannot go ahead and sign a form. You're not taking
305 Mr. CHASSE to the hospital. Would you have requested Officer HUMPHREYS to
306 sign this form?

307 **STUCKER:** Uh, I don't know that I, I, I don't know that I can state what I would, what I would
308 have done. Um, you know, I was, again, it wasn't my, my decision at the time, it
309 was TAMI's. TAMI was _____, um, TAMI made that decision. And I don't
310 know that I can speculate what, what she was thinking at the time.

311 **BARKLEY:** Okay.

312 **STUCKER:** And her thoughts.

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313 **BARKLEY:** Is it your routine, is it AMR's policy to have these forms signed under these
314 circumstances by a police officer.

315 **STUCKER:** It's not something that I do, um, and I don't believe that it had previously been in the
316 policies. Um, uh, anything, that I recall anything specific about not having police
317 officers sign, being that they're in custody.

318 **BARKLEY:** So you would, you routinely do not request police officers at a location as Mr.
319 CHASSE's to sign these information forms, is that what you're saying?

320 **STUCKER:** Right. And I, I don't know that I've ever been in a situation that I've had to do that.

321 **BARKLEY:** Do you typically ask the patient?

322 **STUCKER:** I do.

323 **BARKLEY:** And if the patient refuses or, in this case, Mr. CHASSE was unable to sign the form,
324 it is not your customary procedure to ask the police to sign the form.

325 **STUCKER:** No, I've never been in that situation. I've never had to do that when the patient was,
326 was not able to verbalize it and, and, uh, in custody.

327 **BARKLEY:** Okay. Regarding Ms. HERGERT and the Portland Police, Portland Fire Bureau
328 personnel checking Mr. CHASSE's vital signs, did you observe them performing
329 these checks?

330 **STUCKER:** Did, blood pressure?

331 **BARKLEY:** Yes.

332 **STUCKER:** Yeah, yeah, uh, the, yeah, I was standing there visualizing, yes.

333 **BARKLEY:** Okay. And what did you observe? Who checked Mr. CHASSE's blood pressure?

334 **STUCKER:** Uh, TAMI.

335 **BARKLEY:** And how did she do that?

336 **STUCKER:** Uh, with a blood pressure cup on her, on, on his arm with the monitor.

337 **BARKLEY:** What monitor? Is that called a cardiac monitor?

338 **STUCKER:** Yeah, the, uh, Light Pack Twelve.

339 **BARKLEY:** Okay. And so did you observe Ms. HERGERT check his carotid artery for a pulse?

340 **STUCKER:** I don't, I, I, I believe that she did. Um, but I don't remember specifically, uh, you
341 know, all parts of her exam.

342 **BARKLEY:** Do you, you recall the, who it was that established Mr. CHASSE's blood glucose
343 level?

344 **STUCKER:** No. Again, I overheard it, but I don't remember who called who, who verbalized it.

345 **BARKLEY:** Do you know who actually did the, the physical check?

346 **STUCKER:** I believe Fire, um, Fire had, had been in charge of that at the time and I had stepped
347 in to help hold his arm so they could get a sample.

348 **BARKLEY:** Okay. At any time while this was taking place, did you observe anyone whether it
349 was an AMR, paramedic for the Fire Bureau personnel, or Portland Police officer
350 apply any type of pressure or anything similar to Mr. CHASSE's chest?

351 **STUCKER:** Um, I don't, I don't recall. I don't recall either way. I don't recall one way or the
352 other whether they did or did not.

353 **BARKLEY:** Well, say if you had gone ahead and seen, seen someone jump on Mr. CHASSE's
354 chest, to go ahead and apply quite a bit of pressure to his chest, either by their knee
355 or their hand, would that not have stuck in your mind?

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356 STUCKER: If I had, if I had, I may not have visualized anybody palpating his chest. I don't
357 believe I ver, visualized anybody doing that. I may have turned my head.
358 BARKLEY: But, if you had observed something like that.
359 STUCKER: Somebody, uh, on an assessment?
360 BARKLEY: Jumping on his chest, pushing down on his chest, other than just doing a physical
361 examination. Would that not have gone ahead and caused you some concern to
362 register in your memory?
363 STUCKER: Um, it would have caused me to, to assess his chest.
364 BARKLEY: Okay. The issue of a stethoscope. Do you carry one?
365 STUCKER: I don't carry one on myself, no.
366 BARKLEY: Okay. Was there a stethoscope there?
367 STUCKER: Um, I don't recall.
368 BARKLEY: Do you recall whether a stethoscope was used to check Mr. CHASSE?
369 STUCKER: I don't, I don't recall.
370 BARKLEY: Okay. Do you know what the purpose of a stethoscope is?
371 STUCKER: Absolutely.
372 BARKLEY: What is that?
373 STUCKER: To listen to lung sounds, to heart tones.
374 BARKLEY: Okay. So do you recall anything else besides the police officer asking for Mr.
375 CHASSE's vital signs to be checked to see if they were life threatening and the
376 conversations that you've already told us? Is there anything else that you recall that
377 you have either observed or heard?
378 STUCKER: Um, I, I had heard one of the officers mention that they had attempted to, uh, tase
379 him, but that they didn't have an effect or the desire to, that they, uh, wanted, uh,
380 I'm assuming that means that, uh, I was assuming at the time that that meant the,
381 they had attempted to taser with the barbs, and, uh, it, it didn't work. It didn't have
382 the, uh, the, the barbs didn't stick and it didn't pass enough electrical current.
383 BARKLEY: Did you observe any personnel at the scene check, physically check Mr. CHASSE's
384 chest?
385 STUCKER: I, I, I believe I recall seeing TAMI observe his chest by lifting his shirt. Um, but I, I
386 don't specifically recall it beyond that.
387 BARKLEY: Okay.
388 STUCKER: Um, I believe I remember her palpating as she observed. Um, again, beyond that, I,
389 I don't know exactly what she says.
390 BARKLEY: Okay, referring to page two here of your pre-hospital care report that was prepared
391 by TAMARA HERGERT, at the very bottom, you'll see where it says treatment and
392 response and the vital signs that were noted was blood pressure 110/73. We've
393 established and we'll get a copy of that printout before we leave, that it was actually
394 119/73. Would you consider that to be in a normal range?
395 STUCKER: Uh, 100, 119, somewhere around there, is, uh, he was just, he was just in an
396 altercation a little bit police it sounded like. But if he had been, just been running,
397 so yeah, I would, uh, assume that that would be a normal rate.
398 BARKLEY: 119/73?
399 STUCKER: Oh, the blood pressure? Yeah, that's within normal limits.

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400 BARKLEY: Okay.

401 STUCKER: It's, uh, a little low, uh...

402 BARKLEY: No, we're talking about, forget the 100. We've established that 100 is incorrect.

403 What the actual reading was was 119/73.

404 STUCKER: 119?

405 BARKLEY: And your...

406 STUCKER: For blood, for blood pressure.

407 BARKLEY: Correct.

408 STUCKER: Okay.

409 BARKLEY: Is your experience that that is within a normal range?

410 STUCKER: That is a normal blood pressure.

411 BARKLEY: Okay. And it's...

412 STUCKER: A normal...

413 BARKLEY: ...noted here pulse was 100.

414 STUCKER: Uh-huh.

415 BARKLEY: Would you consider that to be with the normal range?

416 STUCKER: Uh, yes, uh, yes, like I said, after, after he had just been running, uh, and had been

417 having in, in some sort of altercation, I would consider that normal.

418 BARKLEY: Okay, and respirations, it's noted as eighteen. You said you counted between

419 eighteen to twenty. Would you consider that to be normal?

420 STUCKER: That's, that is, in my opinion, normal.

421 BARKLEY: Okay. And the blood glucose is noted as 119 milligrams. Would you consider that

422 to be normal?

423 STUCKER: That is normal.

424 BARKLEY: Okay. Now, I'm going to ask you, if you do not feel comfortable answering these, if

425 it's beyond your scope of expertise then let me know. But, based on your five years'

426 experience as a paramedic, Dr. GUNSON, State of Oregon Medical Examiner ter,

427 determined of the twenty-four total ribs that we all have, fourteen ribs were

428 fractured. Of the fourteen ribs that were fractured, it, it was, it consisted of a total of

429 twenty-seven fractures, individual fractures. Dr. GUNSON determined that ten of

430 the fractures were due to CPR, which leads a total of seventeen fractures that

431 occurred not related to CPR. Five fractures occurred on the left lateral. Nine

432 fractures occurred on the left posterior. Three fractures occurred on the right

433 posterior. Given Mr. CHASSE severed seventeen fractures not related to CPR, and

434 Dr. GUNSON determined the left lung to be flailed, unstable, can you explain with

435 those injuries, how what appear to be normal vital signs could be obtained,

436 obtained?

437 STUCKER: I don't know that I can speculate, uh, the cause of that. I mean, based on the

438 information that we were given, that he had, the officer had not landed on him, um,

439 you know, with that information given to me, I, I don't, I can't speculate how that,

440 how those occurred.

441 BARKLEY: Okay. Is there anything else that you would care to add or clarify based on the

442 questions I have asked and the answers you've given?

443 STUCKER: No, not to my knowledge.

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444 **BARKLEY:** Sergeant Rodrigues, do you have any questions?
445 **RODRIGUES:** Yeah, I have a couple.
446 **STUCKER:** Uh-huh.
447 **RODRIGUES:** When Mr. CHASSE was picked up and he, you've already stated that you didn't see
448 him being placed in the patrol car, how was he picked up? How would you describe
449 the manner in which he was picked up? You said there were, there was one officer
450 at the area of his legs, and an officer on either side of his arms.
451 **STUCKER:** Uh-huh, uh-huh.
452 **RODRIGUES:** How was he...
453 **STUCKER:** Um, basically he was picked up by the two officers on each side of his arms. And,
454 uh, his feet had, um, been dragged about three feet before the other officer grabbed
455 his, uh, leg, or the, uh, strap between his hands and leg.
456 **RODRIGUES:** So, what do you mean dragged. They picked up the arm parts...
457 **STUCKER:** Arm parts, yeah.
458 **RODRIGUES:** And then his leg actually physically...
459 **STUCKER:** Uh, they may not have drug, but, but it was a couple steps before the other officer,
460 the other picked his feet up.
461 **RODRIGUES:** How would you describe the manner in which he was actually physically lifted,
462 lifted up? I mean was it...
463 **STUCKER:** It was, it was, uh, it was slightly forceful, but not overly aggressive.
464 **RODRIGUES:** Can you paint a more clear picture for me. I mean give me, slightly forceful. What,
465 what do you mean by that?
466 **STUCKER:** Um, quick. Um, it was not, uh, it was not exactly gentle, but it wasn't overly
467 aggressive as well. That's the best I can give you.
468 **RODRIGUES:** And did Mr. CHASSE yell out, scream, say anything?
469 **STUCKER:** Yes. What, he was yelling, um, and, and swearing.
470 **RODRIGUES:** Af, after he got picked up?
471 **STUCKER:** Yeah.
472 **RODRIGUES:** Do you know what he was saying?
473 **STUCKER:** Uh, no, I don't. He, he, he had, he had made some, some swear, swearing
474 comments, but I don't remember specifically the words.
475 **RODRIGUES:** Were there any response by any of the officers? Did they say anything to him as
476 they lifted him up or was taking him away?
477 **STUCKER:** I don't recall anything specific about what they said. Um...
478 **RODRIGUES:** What, what did the officers' demeanor like? Did they, did they appear happy, sad, I
479 mean or did you notice?
480 **STUCKER:** Um, I don't, I don't recall noticing.
481 **RODRIGUES:** You mentioned that one of the officers told you that they took him down, but they,
482 but he didn't land on top of Mr. CHASSE?
483 **STUCKER:** Correct.
484 **RODRIGUES:** Is that correct?
485 **STUCKER:** That's what I was told, yeah.
486 **RODRIGUES:** Was that a sergeant? Did he...
487 **STUCKER:** I, I don't recall. Uh, the one that, that...

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488 **RODRIGUES:** Told you.
489 **STUCKER:** ...told me?
490 **RODRIGUES:** Yeah.
491 **STUCKER:** It was, to my knowledge, it was not the sergeant.
492 **RODRIGUES:** About how tall was this officer, do you remember?
493 **STUCKER:** I don't recall.
494 **RODRIGUES:** Okay.
495 **STUCKER:** Yeah, I don't...
496 **RODRIGUES:** Was, was he in a Portland Police Bureau uniform?
497 **STUCKER:** That I don't recall either.
498 **RODRIGUES:** Okay. Now, what was Ms. HERGERT at that time when you was being given that
499 information?
500 **STUCKER:** She was talking with one of the other officers and doing her assessments.
501 **RODRIGUES:** Okay. Now when you was given this information, did you communicate this to Ms.
502 HERGERT?
503 **STUCKER:** No, not, not, because I, like I said, I, I didn't feel, at the time, that it was of
504 significance with the, the mechanism of the officer not landing on him.
505 **RODRIGUES:** Okay. Okay, and back to the, the blood pressure, 119/73. You said that it was
506 normal for, for someone who had just been, well let me ask you this. 119/73, is that
507 normal for a person who has not been involved in any physical activity or is that
508 normal for a resting blood pressure? Could you mention something about if that
509 would be normal or within range for someone who had been involved in running or
510 some kind of action with police.
511 **STUCKER:** Well, the, the pulse rate, again, was, was a little _____, but, that, that's, you
512 know, I would expect after running. Uh, the blood pressure in, in anybody, to my
513 knowledge, will remain fairly constant based on, on, uh, pulse rate. Uh, what your
514 veins are doing at the time, uh, so, you, I mean, that, that seems like it would be a
515 normal blood pressure at the time.
516 **RODRIGUES:** So, why would...
517 **STUCKER:** To my knowledge.
518 **RODRIGUES:** ...what, what does the, so was it the blood pressure, the pulse rate actually, so if I'm
519 running, my pulse rate would be elevated. Is that correct?
520 **STUCKER:** Yes.
521 **RODRIGUES:** And what was the pulse, the pulse rate reading?
522 **STUCKER:** 100.
523 **RODRIGUES:** Okay, and would that be a normal pulse rate, I'm just generalizing, would that be a
524 normal pulse rate for somebody in a resting mode or someone that had just engaged
525 in some kind of physical activity?
526 **STUCKER:** Just engaged.
527 **RODRIGUES:** Okay. It would, and it's obviously specific to individuals.
528 **STUCKER:** Right.
529 **RODRIGUES:** But that would, would that be, and you, that's _____ wanted to be elevated for
530 or unusual for someone who had just been involved in some type of physical
531 activity.

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532 STUCKER: Right.
533 RODRIGUES: Okay. That's all I have.
534 BARKLEY: Is there anything you care to, to clarify or add?
535 SCHLEUNING: Let me chat with him in the hall and see if there _____
536 BARKLEY: Okay. The interview is concluded unless Mr. STUCKER would care to add
537 something else in addition. It is now 1236 hours.
538 BARKLEY: It is 1238 hours and Mr. STUCKER had recalled another issue that he would like to
539 address. Go ahead.
540 STUCKER: Prior to the, uh, to taking _____ the, the one thing I did recall was that the,
541 uh, one of the officers had mentioned that they had saw, uh, and this, uh, for the
542 most part quoted, uh, that there, that he had a rock in his hand, which we had
543 assumed, uh, was possibly cocaine. Um, other than that, uh, there was, there was no
544 other, um, comments regarding that.
545 BARKLEY: Okay. Well, regarding that issue of, of cocaine. Having heard that, based on the
546 vitals that were obtained, would those vitals be consistent with someone who, in
547 fact, was or was not under the influence of, in this case, cocaine?
548 STUCKER: Um, well it de, it would depend on if it was actually in use or not.
549 BARKLEY: If it, let's say it was, if it was in use, would you get the readings of the vitals that
550 were obtained that day?
551 STUCKER: Possibly, yes. Uh, I don't see any reason why you couldn't have vitals that, uh, I
552 can't speculate. Um, this, and you know, I can't, I can't speculate specifically what,
553 what _____ Every, every patient is different. I mean every incident is
554 different.
555 BARKLEY: Okay.
556 RODRIGUES: Read quick. Sergeant Rodrigues. Just for clarification, rocks in his hand were
557 referring to the officer's hand?
558 STUCKER: No, the patient's. The, the, the officers had, uh, had stated they had found a rock in
559 his hand. Um...
560 BARKLEY: And the rock is in reference to what?
561 STUCKER: That we were, we had assumed that it was in reference to possibly cocaine.
562 BARKLEY: Okay.
563 STUCKER: Which is, uh, to my understanding, the reason, um, what, the reason behind the
564 altercation.
565 RODRIGUES: This is Sergeant Rodrigues again. Anything further than that? Anything more that
566 was said?
567 STUCKER: No.
568 RODRIGUES: Okay. Thank you.
569 BARKLEY: Is there anything else?
570 RODRIGUES: No.
571 BARKLEY: Okay. The interview is concluded at 1248 hours.
572
573 2006-B-0016TRS-STUCKER
574 Transcribed 061007/0846 C. Yeager

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PORTLAND POLICE BUREAU
INTERNAL AFFAIRS DIVISION
Confidential Taped Statement
Sergeant Michael Barkley #8570

Interview Date: June 21, 2007
IAD #: 2006-B-0016
Complainant: Portland Police Bureau

Interviewed: Dr. Karen Gunson (Medical Examiner)

BARKLEY: This is Sergeant Michael Barkley, #8570 with the Internal Affairs Division. Sergeant Derek Rodrigues, #37149 with the Internal Affairs Division is present. The date and time are Thursday, June 21st, 2007 at 0907 hours. We're talking with Dr. KAREN L. GUNSON, State of Oregon Medical Examiner, Forensic Pathologist, who performed the autopsy of Mr. JAMES CHASSE on Monday, September 18th, 2006, the date following the death of Mr. CHASSE. Dr. GUNSON is a witness regarding IAD case number 2006-B-0016. To start off with, on Tuesday, May 22nd, 2007 at 1135 hours, you were initially interviewed by me and Sergeant Derek Rodrigues regarding the autopsy you performed on Mr. JAMES CHASSE on Monday, September 18th, 2006. On Wednesday, June 6th, 2007, Ms. TAMARA HERGERT, H-E-R-G-E-R-T and Mr. KEVIN STUCKER, S-T-U-C-K-E-R, two AMR paramedics that examined Mr. JAMES CHASSE on Sunday, September 17th, 2006 at the 1300 Block of NW Everett Street were interviewed. AMR paramedics were assisted by the Portland Fire Bureau personnel. As a result of our interview with the two paramedics, the following are additional questions that we have of you. You previously identified and explained the following injuries sustained by Mr. CHASSE on Sunday, September 17th, 2006 as being 14 total number of ribs fractured, 27 number of fractures, 10 of which of those fractures were caused by CPR and 17 total number of fractures caused by blunt force chest trauma. Are those numbers and causes accurate?

GUNSON: Yes, sir.

BARKLEY: You previously stated that the fractured ribs were fresh and not old fractures. How were you able to determine that the fractures of the ribs were fresh opposed to old fractures?

GUNSON: Well, rib fractures, when they're fresh, the ends of the bones are jagged and easily movable, uh, back and forth. And there is fresh hemorrhage. That is there is fresh bleeding around the, uh, fracture site. As a fracture heals, the end of the bones knit together. They, um, become sealed together by an in-growth of different types of cells. And the fresh hemorrhage turns a golden yellow color as the blood breaks down. Um, over time, even if the bones are not set, so that the ends are flush with one another, um, the bones will heal and sort of a knot of bone forms. Of course, that takes probably, um, in displaced fractures, it would probably take, uh, a couple of months to have, to have that actual, um, solid bone form, maybe up to three months. And then, of course, you see it as a bulge instead of a nice thin bone, you'll see a bulge of, of, uh, what we call callous. So, um, it's evasive medical and forensic pathology principle the way we look at and determine the difference between a fresh fracture and a healing fracture.

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50 **BARKLEY:** Okay. You previously stated that the 17 fractures could not have been caused by
51 individual blows, but rather would have been caused by a broad based application of
52 force. Can you explain the difference between the types of force as they relate to Mr.
53 CHASSE's specific injuries?

54 **GUNSON:** Between, uh, individual versus broad based?

55 **BARKLEY:** Correct.

56 **GUNSON:** Okay. Um, individual blunt force blows could cause individual rib fractures.
57 However, the rib fractures that are, we're concerned about are actually located along
58 the spinal column, along the backbone. And in adults, well in children, for that
59 matter, that area is highly protected by muscle and by actually the spinal cord or spinal
60 column itself. So, um, it is true that you could see fractures there, but it would be
61 from something like a high velocity car crash or possibly a long distance fall of a
62 hundred foot, I mean, you know, really a big fall. And in those, in those cases, you
63 probably would see, you could see rib fractures along the backbone. However, so, so,
64 in my opinion, blows could not have caused, individual blows cannot cause those rib
65 fractures along the backbone. Um, however, we know from studies mostly with
66 children, that a, an, what we call anterior posterior, front to back compression, can
67 cause rib fractures by causing the rib to move, uh, over its, uh, articulation with the
68 backbone. And, and, and that sort of acts as a fulcrum and then it fractures at the
69 fulcrum where it's, where it's bending against the backbone. And, indeed, in this case,
70 we have lateral rib fractures on the left and we have the rib fractures along the
71 backbone. And I could actually demonstrate at the time of autopsy if I rolled Mr.
72 CHASSE onto his, up on his right side, but more, not completely on his right side, but
73 more as if he was say at a 45 degree angle up, on his right side. That you could
74 actually, by pressing on the chest in that position, you could actually see that the ribs
75 were fractured in exactly the manner that they did. That is along the lateral side and
76 along the backbone. And that indicates that there had to be a broad based fracture,
77 'cause otherwise, you would not get the rib fractures along the backbone. You may
78 get rib fractures along the lateral aspect of the chest from individual blows, but it
79 would require more than one application of force. It would require multiple
80 applications of force. Say, multiple knee drops, multiple kicks, vigorous kicks, that
81 kind of thing would not come from a punch. It would have to be something where
82 there is a bigger force or velocity like a leg or a block with the knee. However, in
83 order to explain all the rib fractures that we see that I attribute to blunt force trauma,
84 the easiest way to explain that is a single broad based application of force, such as a
85 pressure, uh, that's applied while he's at a 45 degree angle up on his right side.

86 **BARKLEY:** Now, to follow-up on that, if there was individual blows, either from say a kick, a hit,
87 would there not be some evidence of that from tissue damage?

88 **GUNSON:** Excellent point and yes. There would be. You would expect to see that there would be
89 contusion or bruising, and, you know, sometimes even laceration from those
90 individual blows. We don't have that. And...

91 **BARKLEY:** That was not, that was not existent with Mr. CHASSE.

92 **GUNSON:** Exactly. It was not present. And, and the reason it's not present is because if you
93 apply a force over a greater distance, over, uh, over a broader surface, then there is not
94 a point application of force, which is what is required in order to have a contusion or a

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laceration. But, say, for instance, you fall onto this floor and you hit your head. Many times, there is absolutely no contusion in your head or, because of the apple, the forces is spread over a bigger area. So if it's spread over a bigger area, we're not going to have a point where we have a contusion or laceration. And that's why I think we don't see this.

BARKLEY: How were you able to determine that Mr. CHASSE suffered the blunt force chest trauma at the location of 1300 Block of NW Everett Street?

GUNSON: That's based on not so much the autopsy, as everything, the scene investigation, um, the subsequent activities that occurred, and it is based on my knowledge of that. Now, I may have incomplete knowledge, but I do have knowledge of the struggle that occurred at 13th and Everett, the subsequent transport to, um, the jail, the subsequent activities in the sally port, and this is a point where I may not have all the information and it may never be forthcoming. And, subsequently, his removal from the car into the, uh, holding cell, and after that, the assessment of the nurse, and then the transport to the hospital and what happened on that transport. So I am basing my, um, interpretation is, is based on all of these, uh, scene invest, these scene details, if you will. So, and I received those from, um, the investigating detectives, Detective Lynn Courtney, uh, to be more specific. Also, from you, uh, and Detective Rodrigues. And also to a much lesser degree, a much lesser degree, um, to conversations, a single conversation that I had a few days ago with City Attorney and, and County Council.

BARKLEY: So, so your determination as to location, in your medical opinion where this occurred, is based primarily and solely on information that you're provided by the police and independent witnesses, is that correct?

GUNSON: Yes.

BARKLEY: Prior to the autopsy, were you advised as to any other location or locations where Mr. CHASSE was involved on a physical struggle and resistance with others, including Portland Police officers?

GUNSON: No. Prior to the autopsy, um, the explanation or the, the story that was given to me was about the, uh, confrontation at 13th and Everett. I was not told that there was any confrontation or, um, assault prior to that and I was not told that there was any assault or confrontation or a struggle or, uh, an application of force after that.

BARKLEY: Aside from the confrontation and the 1300 Block of NW Everett Street, prior to the autopsy, were you provided any information from any source that there had been a physical confrontation or struggle at Multnomah County Detention Center and specifically the sally port, and including the, uh, interior of the holding room?

GUNSON: Not to my, not to my recollection. No.

BARKLEY: Okay. I'm going to go through some readings that were obtained from AMR paramedics and the Portland Fire Bureau personnel. What I'd like to know is what is your professional medical opinion as to whether Mr. CHASSE suffered blunt force trauma in the 1300 Block of NW Everett Street, where he had a physical confrontation with Portland Police officers based upon the following information. Your autopsy determined that Mr. CHASSE sustained 17 total fractures caused by quote blunt force chest trauma. Mr. CHASSE's vital signs were checked by two paramedics with AMR and the Portland Fire Bureau personnel. Mr. CHASSE's vital signs were, were determined to be quote within normal limits. AMR's cardiac monitor reported and

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recorded at 1725 hours a blood pressure of 119 over 73, a pulse rate of 100. Ms. HERGERT, AMR paramedic, checked Mr. CHASSE's pulse via his carotid artery. Ms. HERGERT visually counted his chest respirations to be 18. Ms. HERGERT had a stethoscope present, but did not use it because Mr. CHASSE did not exhibit any signs to indicate he was having problems breathing. Mr. STUCKER, AMR paramedic, counted his chest respirations to be 18 to 20. The Portland Fire Bureau reported Mr. CHASSE's vital signs to be the following. SPO2 saturation percent, 98 percent. Pulse rate 100. Pulse rhythm regular. Pulse quality strong. Respiration rate 18. Respiration rhythm regular. Blood pressure 110 over 73. Blood glucose 119. Based on these recorded vital signs, what is your, your medical, professional opinion as to whether Mr. CHASSE suffered this blunt force trauma at the location of 1300 Block of NW Everett in light of these vital signs?

GUNSON: It's my opinion that in medical probability, Mr. CHASSE sustained his rib fractures, his blunt force trauma, at that location of 13th and Everett.

BARKLEY: Even with, could you expand on that, with what appears to be somewhat normal type vital signs?

GUNSON: Yes. Um, first of all, this is a single reading of an individual. Um, and I don't have any idea what his resting heart rate is. We do know that there had been a struggle with police officers at 13th and Everett. And we know that, um, he may have run up to a block along the way. And we know that the, um, struggle ended when he was finally handcuffed and hobbled, it's my understanding. Um, that he appeared to pass out quote/unquote, but then came to and that police immediately asked for medical backup. And that that whole medical backup maybe took about six minutes to get there. So that, from the time of the struggle to the time when the medical backup arrived was maybe eight to ten minutes at, at the most, eight to ten minutes, right in that timeframe. Now, of course, it would take them a little while to get their, to get their stuff out, but that would only be a few minutes at most. So, maybe, we're looking at, by the time they check his heartbeat and respiration, up to twelve minutes or so. Um, now, his heart rate and pulse and so forth, or his, and respiration rate might have gone down slightly during that time, but in a normal person, under these circumstances, and I don't even mean the rib fractures, I mean just the struggle, and, in fact, probably a confrontation with police, which can be highly stressful in and of itself, that I would expect his heart rate to be higher and I would have expected his blood pressure to be higher and his respiration rate to be higher. But I go back to the point that I don't know what his actual resting heart rate is, his resting respiratory rate, and it could be that instead of being a normal 72, it's much less than that. His, his heart rate being normally 72, it may not normally be 72. It may be much less. It may be 50. And, therefore, the readings we're getting here in a single reading in a single context, while they may be accurate, may not accurately reflect how stressed he is or how, um, they, they may be in, within normal limits for a normal person, but he may not be, these may not be normal for him. So, I can't, in this particular case, these vital signs actually do not enter into my calculation as much as the numerous witness statements and, uh, actions that occur that I have information about from police, uh, and from, you know, some, uh, citizen/witnesses and things like that. So, given that, I know that a struggle occurred at this particular point with three police officers and Mr.

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CHASSE, and I know pretty well about what happened during the struggle from witnesses and from the police, police officers occurred, who were, who were there at the time, um, it is my opinion that it most probable that he sustained the injuries in this confrontation with police at this particular point on Everett Street. That being said, I do not have a full understanding of all of the activities that occurred in the sally port when they arrived in the police car at the Multnomah County facility. Um, the information that has been provided to me by you about some of the struggle that did occur there, and the fact that he verbalized moaning and groaning on two separate occasions when he was picked up while he was handcuffed and hobbled, indicates to me that he was pro, he was suffering most likely pain at those points. Now, given the fact that he has rib fractures, in my opinion, that's already sustained, um, it is also likely that when they're moving him about in this fashion at, when the Multnomah County deputies are moving him about in this fashion, that it would exacerbate or make worse these rib fractures. That is, perhaps they were not displaced at the time of the actual, uh, blunt force trauma. But now, with his movement around, uh, by picking him up by the shoulders and legs and so forth and, and putting stress and strain on his ribcage, that maybe, at this point, they became either displaced or were, um, at least made worse by this movement. And that's why we see him verbalizing pain, uh, by moaning and groaning. And, subsequently, the nurse looks in and see that he is not doing well. And requests him being transported to the hospital.

BARKLEY: Okay. To expound upon that, at the location of 1300 Block of NW Everett, Mr. CHASSE, at that location, isn't verbalizing the moaning, the groaning, so since that's lacking there, and then Mr. CHASSE is picked up, hobbled, handcuffed at that location, carried to the police car, transported while hobbled to the Multnomah County Detention Center, and then once again, he's picked up by the arms, the legs, while handcuffed and hobbled, both going into the jail facility and then likewise coming from the jail facility to the police car, your, your explanation is is that the injuries, it's most probable that the injuries would have occurred at 1300 Block NW Everett, but that with this type of activity and the manner in which Mr. CHASSE was carried on three different separate incidences, could have increased the pain and actually caused the injuries to be more severe?

GUNSON: Yes. Yes. And, you know, we know that there was, uh, then a fairly rapid downhill course for Mr. CHASSE after that point, uh, of being in the, in that holding room and then transported. So, yes, that's exactly what I'm saying.

BARKLEY: And I believe that there were three ribs on the left side that had actually punctured the lung.

GUNSON: Uh-huh.

BARKLEY: Would, what's the probability that those sustained injuries would have occurred from carrying Mr. CHASSE while hobbled and handcuffed?

GUNSON: Well, I think the rib fractures were probably already there. But, perhaps, the, uh, displacement of those rib fractures and the perforation of the lung may have occurred with the three subsequent carrying positions or, or, you know, carrying episodes, if you will. Um, now, I do know that, at one point, there was noted to be some blood around his mouth. And that could easily have arisen from having his lung punctured

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229 by one of those ribs. But it was my understanding this blood did not appear until he
230 was at the Multnomah County facility. They didn't see it on the street.
231 **RODRIGUES:** No, that's actually, this is Sergeant Rodrigues, it was seen on the street.
232 **GUNSON:** It was seen on the street?
233 **RODRIGUES:** Yes.
234 **GUNSON:** Um, it could arise from the lung puncture. My explanation, and our discussion about
235 this and this occurred between myself and Mr. Rice, the City Attorney, um, I said it
236 could arise from that lung. But, likewise, we know he's been through a struggle and
237 any number of injuries can occur to your nose and mouth during this struggle. So, I
238 told him at the time, I don't know exactly where it came from. But it could have come
239 from the lung as well.
240 **BARKLEY:** Okay. I have three other questions and Sergeant Rodrigues may have some follow-up
241 questions. In your forensic, medical opinion, what is the probability percentage that
242 Mr. CHASSE could have sustained the described blunt force chest trauma in the 1300
243 Block of NW Everett Street given the noted, by the readings obtained at the location?
244 **GUNSON:** Um, as I said I think it's medically probable and that means that I, it's greater than 51
245 percent that it, you know, it's into the more probably than not category.
246 **BARKLEY:** And that would be your best estimation based on your forensic, medical opinion?
247 **GUNSON:** I, I think, I think, in my opinion, frankly, if we're not talking in legalese, I think it's
248 almost a certainty that he sustained those injuries at the 1300 Block of Everett.
249 **BARKLEY:** Okay. And likewise, what it would be the probability or percentage, in your forensic,
250 medical opinion, that these sustained injuries could have occurred either before the
251 police contacted him at the 1300 Block of NW Everett or following when AMR
252 paramedics left that location?
253 **GUNSON:** Um, I would say that my, given the information I have now, the current information
254 that I have, that it is highly unlikely, if not impossible, for those to have occurred other
255 places.
256 **BARKLEY:** And, if there was evidence that, that came forward that there was another physical
257 confrontation with Mr. CHASSE at a different location, either prior or following the
258 1300 Block of NW Everett, and that struggle would indicate some sort of possible
259 blunt force chest trauma, that would then be new information for you.
260 **GUNSON:** Yes, it would be new information for me and I would reassess given the information.
261 **BARKLEY:** Okay, Sergeant Rodrigues, do you have anything?
262 **RODRIGUES:** Yeah, doctor, you mentioned earlier that when you actually had him on his right side,
263 at a 45 degree angle, you could see the breakage in, in the ribs, is that correct?
264 **GUNSON:** Yes.
265 **RODRIGUES:** Now, the 45 degree angle leaning towards his chest or towards his back area?
266 **GUNSON:** Um, well, if you can picture, um, that lying flat on your back would be, would be zero
267 percentage...
268 **RODRIGUES:** Right.
269 **GUNSON:** ...okay. And that laying fully upright on your right side would be, um, you know, 90,
270 90 degrees like this.
271 **RODRIGUES:** Uh-huh.

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272 GUNSON: Then it's, it's halfway between the two. Now give or take, obviously, I, you know, I
273 can't give you an exact percentage or exact low, degree of tilt, but, but if I were, um,
274 if, if it's me laying flat like this, and I were to partially roll up onto my right side so
275 that my...
276 RODRIGUES: Okay.
277 GUNSON: ...this, this part, so that my left side was presented upward...
278 RODRIGUES: Right.
279 GUNSON: ...not fully straight up, but about halfway in between, that's what I mean by 45
280 degrees.
281 RODRIGUES: Okay. I guess I'm asking 'cause were you able to determine, and maybe you just said
282 it earlier, but were you able to determine the origination, in other words, would it be
283 likely that the origination of the blunt force trauma was as he fell forward or as he fell
284 backward?
285 GUNSON: No, I can't tell that. No, I'm sorry, I can't tell that. I, all I can say is this is the, what
286 was presented in my opinion...
287 RODRIGUES: Right.
288 GUNSON: ...at the time when the force was applied. But how he arrived at this particular
289 location, you know, from how he got there, I, I can't tell.
290 RODRIGUES: Okay. So, the, it is, you, you mentioned earlier it's a, it's a pressing...
291 GUNSON: Yes.
292 RODRIGUES: ...simultaneous pressing...
293 GUNSON: Compression.
294 RODRIGUES: ...and, at this point, we don't know the origination of the pressing, but it was more
295 towards the chest, more towards the back area.
296 GUNSON: Well, it would have to be, it would have to be on the lateral aspect of the chest. Um,
297 how can I, maybe I'm not understanding the question correctly, but the...
298 RODRIGUES: Well...
299 GUNSON: ...the person would be lying on the ground.
300 RODRIGUES: Correct.
301 GUNSON: His left side of his body would be presented upward at an, yes.
302 RODRIGUES: Okay.
303 GUNSON: Force would be applied this way. Okay, so from, from the side, trapping the body
304 between this force and the ground, okay?
305 RODRIGUES: Okay.
306 GUNSON: I mean not, it wouldn't be like somebody fell here. It would be more like the force
307 was applied here.
308 RODRIGUES: Okay.
309 GUNSON: Okay.
310 RODRIGUES: Okay.
311 GUNSON: Okay.
312 RODRIGUES: So it wouldn't be as if he fell forward from, or the impact started on the back or
313 impact started on the stomach. It had to be the impact originating on the lateral side of
314 his ribs.
315 GUNSON: Yes, yes.

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316 **RODRIGUES:** I'm clear. Thank you.
317 **GUNSON:** Okay, yeah.
318 **BARKLEY:** And that would be on the left side, correct?
319 **GUNSON:** Left side. Correct.
320 **BARKLEY:** Okay.
321 **GUNSON:** Yeah.
322 **RODRIGUES:** That's all I have. Thank you.
323 **BARKLEY:** Is there anything else that you wish to add to clarify?
324 **GUNSON:** No, I think, I think I've done enough talking. Thank you.
325 **BARKLEY:** Okay. The interview is concluded at 0936 hours.
326
327 2006-B-0016 TRS2-GUNSON
328 Transcribed 062507/4409 C. Yeager

ORIGINAL

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PORTLAND POLICE BUREAU
INTERNAL AFFAIRS DIVISION
Confidential Taped Statement
Sergeant Michael Barkley #8570

Interview Date: May 22, 2007
IAD #: 2006-B-0016
Complainant: Portland Police Bureau

Interviewed: Dr. Karen Gunson (Medical Examiner)

BARKLEY: This is Sergeant Michael Barkley, #8570, with the Internal Affairs Division. Sergeant Derek Rodrigues, #37149 with the Internal Affairs Division is also present. The date and time are Tuesday, May 22nd, 2007 at 1135 hours. We're talking with Dr. KAREN L. GUNSON, State of Oregon Medical Examiner, Forensic Pathologist who performed the autopsy of Mr. JAMES CHASSE on Monday, September 18th, 2006, the day following the death of Mr. CHASSE. Dr. GUNSON is a witness regarding IAD case number 2006-B-0016. Dr. GUNSON, to clarify, you did perform an autopsy on Mr. CHASSE on Monday, September 18th, 2006 at 1315 hours?

GUNSON: I did.

BARKLEY: You determined the cause of death to be blunt force chest trauma. Correct?

GUNSON: Yes, sir. Yes, sir.

BARKLEY: Please explain how the blunt force chest trauma caused Mr. CHASSE's death, specifically what sequence of medical events caused his death?

GUNSON: Okay, Mr. CHASSE, um, received, uh, force to the chest, which broke his ribs. And the ribs involved are, um, both on the posterior aspect of back of the body, on the lateral side on the left side of the body, and, uh, both sides of the front part of the body. Um, in my opinion, the rib fractures' presence, um, on the front part of the body, anterior part of the body, which is I think ribs number three through eight, um, are secondary to, uh, probably secondary to CPR or, uh, you know, chest compressions trying to resuscitate Mr., uh, CHASSE, um, but there are ribs present at the back on the left, right, just left of the, uh, spinal column. And that's ribs number three through twelve. And there are rib fractures present, um, on the lateral side of the left chest cavity, um, that are not from CPR. Those are, those can not be caused by CPR. And the most common reason to have those rib fractures is anterior-posterior compression, or pressure from front to back or back to front, which squeezes the ribs and causes them to fracture, because the back ones were, acts as a fulcrum. Um, once those rib fractures has been, have been sustained, the, the chest can no longer act as a bellows drawing air into the lungs, uh, as, as you make your breathing movements, because the chest is then considered to be flail, that is the ribs are not in, uh, or are unstable. And so you can't draw, uh, air into that left lung at that point. And so over time, while this is not instantly causing death, it will over time decrease the amount of oxygen available to Mr. CHASSE, both to his head and to his heart, to his brain and his heart and, uh, cause him to die. And, uh, it does take some time to have that happen, but, uh, that's the, the reason I called the cause of death, uh, blunt force chest trauma.

BARKLEY: Okay. Just to clarify, is it correct that there are a total of twenty-four ribs in the body?

GUNSON: Yes, there is twelve ribs on each side of, of your chest, yes.

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51 BARKLEY: And concerning Mr. CHASSE, were there a total of fourteen ribs that were fractured?
52 GUNSON: Yes.
53 BARKLEY: And is it correct that there were a total of twenty-seven, as being the number of
54 fractures within the fourteen ribs?
55 GUNSON: Yes, twenty-seven rib fractures, separate fractures, but only fourteen ribs involved.
56 BARKLEY: Correct.
57 GUNSON: Uh-huh.
58 BARKLEY: Okay, given Mr. CHASSE sustained fourteen fractured ribs, are you able to identify
59 how many fractured ribs were caused by the actual fall to the pavement and how many
60 fractured ribs were caused by chest compression.
61 GUNSON: It's my opinion that, um, ten rib fractures were caused by chest compressions. That
62 would be the anterior rib fractures, both left and right, ribs number three through
63 eight. Um, it's my opinion that seventeen rib fractures were caused by forward the
64 chest, um, the chest compression, uh, you know, from fall or from somebody falling
65 on Mr. CHASSE. Seventeen rib fractures were caused by actual injury, not CPR.
66 BARKLEY: So we have seventeen from the actual injury that took place at NW Everett in the 1300
67 block and then you're identifying, would it not be fourteen fractures...
68 GUNSON: Yeah, no...
69 BARKLEY: ...from CPR.
70 GUNSON: ...ribs three through eight on the left, that's five, and ribs three through eight on the
71 right, that's ten. And then we have ribs three through twelve, so that's, that's what I'm
72 considering to be the CPR. And then we have ribs three through twelve fractured at
73 the back, so that's nine. We have ribs, um, let me see, what was the other one, um,
74 the lateral rib fractures are ribs three through eight. Um, sorry, I'm just looking at
75 _____ fractures, excuse me while I count again.
76 BARKLEY: Okay.
77 GUNSON: Oh, okay. And, yes, we have five rib fractures on the lateral aspect of the body.
78 BARKLEY: Correct.
79 GUNSON: Nine rib fractures at the back on the left side.
80 BARKLEY: Correct.
81 GUNSON: And then we have three rib fractures on the right in the back. So that makes
82 seventeen, I think.
83 BARKLEY: Okay.
84 GUNSON: Yeah.
85 BARKLEY: That would be, okay, now the seventeen you're referring to, that would be fractures
86 from the fall.
87 GUNSON: Yes.
88 BARKLEY: Okay.
89 GUNSON: Yes.
90 BARKLEY: But from the actual chest compression, compressions, that would be ten.
91 GUNSON: Yes.
92 BARKLEY: Okay.
93 GUNSON: Uh-huh.

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94 **BARKLEY:** Were all the fractures caused on Sunday, September 17th, 2006 or were any of those
95 fractures old fractures?

96 **GUNSON:** None of them were old fractures. All of them were fresh.

97 **BARKLEY:** What type of force would be necessary to cause such extensive fractures?

98 **GUNSON:** Um, well, it would be a considerable force. It, it, buy it would be, once again, um,
99 application of more broad based force. That is a compression to the chest, which
100 would translate through from front to back and from back to front. Um, for instance,
101 um, these kind of injuries that we see along the backbone, in the ribs along the
102 backbone, uh, are, uh, commonly seen in infants where parents apply pressure, uh,
103 with their hands from front to back and squeeze while they are doing, while they are
104 shaking the infant. And so we see posterior rib fractures. I have seen these kind of rib
105 fractures where a person gets trapped between, uh, like in a traffic accident between a
106 car and the road. And, and the car comes to lie on them. Uh, so these injuries would
107 not be, in my opinion, front because they're so broad based. I mean they're covering a
108 space of maybe sixteen inches along his back. They would not be from say, uh, a
109 single kick to the back. Uh, there is, uh, the particular area is quite protected by
110 muscle in that particular area. And, um, it would not be possible for this person to
111 have sustained kicks to have those kind of injuries. It would have, so individual blows
112 would not cause this. It has to be more of a broad based application of force.

113 **BARKLEY:** So would, would, would it be consistent with the possibility that Mr. CHASSE fell on
114 his own to the pavement or would it have to be that some other object fell on top of
115 Mr. CHASSE at the same time?

116 **GUNSON:** Uh, in my opinion, it's the latter scenario where a simple fall to the pavement should
117 not, he should not sustain these injuries. However, if he falls to the pavement and, for
118 however brief an instant, somebody or something falls on top of him, then you could
119 see these injuries. And, and it does not require, it, it requires only an instant to have
120 this happen. I mean, so just, uh, you know, it wouldn't require sustained laying on a
121 person, but just that instant of compression and then off.

122 **RODRIGUES:** This is Sergeant Rodrigues. I guess in a nutshell, these injuries must occur
123 simultaneously, in other words, front, back, squeeze the same time, even if it's for an
124 instance for this to occur.

125 **GUNSON:** Yes.

126 **RODRIGUES:** Thank you.

127 **BARKLEY:** I gave you a copy of the pre-hospital care report that was prepared by AMR
128 Ambulance paramedics, Ms. TAMMY HERGERT and her partner, at the time, Mr.
129 STUCKER. The question is, considering the number of fractured ribs, and ribs that
130 had perforated the membrane, ribs that had penetrated into the left lung, by
131 approximately a quarter inch, and the intense hemorrhage that was present, would it
132 be unusual that AMR Ambulance paramedics received the report that his vital signs,
133 being Mr. CHASSE, to be within normal limits at the scene located at the 1300 Block
134 of NW Everett.

135 **GUNSON:** Yes, that, I, it would be unusual, if you ask me. I mean, in my opinion, um, the vital
136 signs would be different than what are reported here. Um, first of all, he's been in the,
137 in a chase and he's, uh, sustained injuries which caused pain, and his respirations are
138 18. I would have expected his respirations to be more.

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139 **BARKLEY:** Okay. We're, now we're referring to a pre-hospital care report on page two.
140 **GUNSON:** Yes.
141 **BARKLEY:** And in there, it's noted the physical findings, chest be negative.
142 **GUNSON:** Correct.
143 **BARKLEY:** Do you, do you find that to be consistent with the injuries sustained by Mr. CHASSE?
144 **GUNSON:** No. Um, first of all, uh, if any palpation had been done to the chest, you could have
145 felt the fractures, lat, especially the lateral fractures, the ones on the left side of the
146 body. And, if any palpation had been done, Mr. CHASSE would have complained of
147 pain. Um, when I did the autopsy and looked at Mr. CHASSE on the table, albeit, he
148 had had his clothes removed by that time. I noted that his, there was asymmetry to the
149 body, that is the left chest looked flatter than the right chest. And I commented on that
150 in my report. So if the chest had actually been visualized or palpated without clothing
151 present, uh, abnormalities would have been seen.
152 **RODRIGUES:** This is Sergeant Rodrigues. Dr. GUNSON, just for clarification, what does palpation
153 mean?
154 **GUNSON:** It means, uh, feeling the surface of the body with your hands. And so if, uh,
155 physicians will palpate to feel different organs or to feel if there is any injury under the
156 skin. You know, they can feel broken bones.
157 **RODRIGUES:** Correct.
158 **GUNSON:** And also when a patient, of course I do it during autopsy, but when a patient is alive,
159 palpation, they'll also ask the patient, does this hurt, does this hurt, does this hurt, as
160 they press on various areas of the body.
161 **BARKLEY:** To clarify, Dr. GUNSON, have you ever seen AMR's pre-hospital care report that
162 was prepared at the location of NW 13th and Everett prior to today?
163 **GUNSON:** No, sir.
164 **BARKLEY:** So you have not seen this report prior to the autopsy?
165 **GUNSON:** Uh, no.
166 **BARKLEY:** On page two, could you comment under the section of Treatment and Response,
167 apparently TAMARA HERGERT from AMR reported a series of vital signs.
168 **GUNSON:** Uh-huh.
169 **BARKLEY:** One being BP, which I assume is blood pressure.
170 **GUNSON:** Yes.
171 **BARKLEY:** 110 over 73. Would that be consistent with Mr. CHASSE's injuries at the time?
172 **GUNSON:** Uh, in my opinion, no. Uh, I would expect the blood pressure to be much higher than
173 that. Not only from the injuries, but just from the activity that had gone on during and
174 prior to them arriving at the scene. But, certainly, people in pain have much higher
175 blood pressures than 110 over 73. Um, you might see somewhere in the range of 160
176 to 170 over say 90 to 100, rather than that.
177 **BARKLEY:** And it's recorded as the pulse being 100. Would that be consistent with Mr.
178 CHASSE's injuries at that location?
179 **GUNSON:** You know, the pulse seems a little bit low. Not only because pulse like blood
180 pressure will go up when people are in pain. And, um, and also pulse will go up when
181 you're running, when you're in intense physical activity. And so 100, I mean some
182 people have a resting pulse of 100, it's supposed to be around 70, but some people

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183 will just sit, by sitting there will have a pulse of 100, so, uh, it seems low to me
184 compared to the activity and pain associated with this person at the time.
185 **BARKLEY:** And it's recorded as Mr. CHASSE's respiration as being 18. Um, does that seem to
186 be consistent with Mr. CHASSE's injuries at that location?
187 **GUNSON:** No, it doesn't. I would expect the respirations _____ to be, uh, greater, higher in
188 number, um, as he is sort of gasping for breath, uh, at that time. And I would expect
189 the respirations to be more than 18, maybe in the range of 25, 30.
190 **BARKLEY:** And blood glucose, which is reported at, as 119mg over DL.
191 **GUNSON:** _____
192 **BARKLEY:** Is that consistent with his injuries?
193 **GUNSON:** Uh, you know, this doesn't, doesn't come into play here, uh, really. I mean the
194 glucose, that's, uh, normally people run glucoses around 100 and so it's not wildly out
195 of-whack. It's not wildly out of, out of, uh, normal range or it could be even in normal
196 range. So, um, I don't know how to, uh, tie the glucose in with the other, um, the
197 other, uh, with his injuries. Um, one thing I do is the glucose, just to see if he's a
198 diabetic, you know, 'cause they can treat them with glucose or something like that.
199 He's acting strange 'cause he's got a low glucose.
200 **BARKLEY:** Now, considering the apparent injuries that Mr. CHASSE sustained there at the 1300
201 Block of NW Everett, and the vital signs that we just reviewed with you based on their
202 report, if you refer to page one, under the Narrative...
203 **GUNSON:** Uh-huh.
204 **BARKLEY:** ...it states in the Narrative, 45-year-old male, in police custody. He saw police on the
205 street and took off running several blocks until caught. He then fought with police,
206 was cuffed and hobbled, and then became extremely quiet, thought, the police thought
207 he may have passed out. He came to quickly. Police are requesting that we check for
208 any life-threatening vital signs before they take him to jail. Now, with that first
209 paragraph, would you consider the activity of him running, fighting with the police,
210 taking that alone, would you consider that to be consistent with these apparent
211 reported readings on the vital signs.
212 **GUNSON:** No, I would have expected all three parameters, blood pressure, heart beat, and
213 respiration, to be higher, because of this activity, just this activity. I mean with the
214 fight, with the run for several blocks, uh, unless you're a marathon runner, I would
215 expect these to be much, much higher.
216 **BARKLEY:** The, the part of this paragraph where it's noted here in the Narrative that the police are
217 requesting that we check for any life-threatening vital signs before they take him to
218 jail, considering that as being what was requested of AMR by the police to check for
219 life-threatening vital signs before they take him to jail, would you consider the
220 examination in the reported findings to be consistent with what the police requested?
221 **GUNSON:** I mean, yes, they, they asked for vital signs, they were given vital signs. Whether
222 they're correct or not, they're, they're given some vital signs. So the police did request
223 that. And they provided these to them. Um, that, it does not seem as if they provided
224 any other type of medical examination.
225 **BARKLEY:** Okay. The second paragraph, patient is lying quietly on sidewalk, RR, 18 to 20, that
226 would be...
227 **GUNSON:** Respiration rate.

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BARKLEY: ...respiration rate. Opens eye, but isn't talking to us. VS, vital signs within normal limits. Attempted blood glucose and patient began fighting and yelling. He was held for the test, which was normal. Police refusing transport for patient in their custody. Advised vital signs were normal. The patient was probably on some sort of drug. Police acknowledged this and signed refusal. What, what, if anything, do you see consistent or inconsistent in that paragraph based on the vital signs that they're reporting on page two.

GUNSON: Well, if they're recording the vital signs on page two, the vital signs are on page two within normal limits. I mean they're, they're, they're normal. Um, and that being said, the police being told that the vital signs were normal, they're actually being told by AMR that we don't think there is anything particularly wrong with this person, other than maybe being drug intoxicated. And, and so the police seemed to have decided well, since they have said that there is nothing wrong with this person, other than the possibility of being drug intoxicated, then they would feel that was okay to take him onto jail, I suppose.

BARKLEY: Now would it be consistent if Mr. CHASSE had been under the influence or been, um, using drugs, at that time, for these readings to have been what they were.

GUNSON: No. If he is using drugs at the time, most likely given his actions, these would be some kind of central nervous system's _____ the most common kind being methamphetamine or cocaine. Indeed, it, it's been ruled out, in my opinion, to have been heroin or, or some central nervous system depressant because they actually specifically say his pupils are, are not pinpoint, and, and that's on page two under face. And they, and also because usually heroin causes you to be more subdued than what we're seeing with this person. So, so, that being said, that we're, that the drugs you should consider would be methamphetamine and cocaine, one would expect the heartbeat, respiration, and blood pressure to be considerably higher, because that is usually the reaction when somebody uses those drugs. The, and, and that's because it's a stimulant. And, um, so the, the vital signs are inconsistent or not consistent with it being a stimulant drug intoxication, like cocaine or methamphetamine.

BARKLEY: Based on everything that you know to date, now seeing the, this pre-hospital care report that you hadn't seen prior to today, conducting the autopsy testing that you had done, do you have an opinion if, at that time at NW 13th Avenue and Everett Street, had Mr. CHASSE been transported directly to a hospital, opposed to being transported by the police to the jail, and then from jail to NE 33rd, where he had stopped breathing, do you have an opinion of what Mr. CHASSE's overall condition would have been if he had been transported directly to the hospital from the 1300 Block of NW Everett Street?

GUNSON: Yes, I do have an opinion about that. I think that if he was transported from this place, this location in Northwest Portland, he would have had a chance of surviving the injury. And I can't comment too much about what chance, maybe 50/50, because there are problems that would be associated with recovering from this, but by transporting him to the hospital, the hospital could then support him by intubation and respirator, uh, support, um, so that he could, they could actually force air into his lungs and he would then have hopefully survived. Now, there could be a lot of complications involved in this kind of injury, such as pneumonia and, you know, uh,

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273 various other sets of things like that, so the actual, uh, whether or not he would, he
274 would have survived a hundred percent, I can't tell you. But he would have had a
275 huge chance of survival. Because, because essentially, these injuries can be overcome
276 if we can support him. And, um, the longer you wait, the less likely it is that you're
277 going to be able to, to get enough oxygen to him that he is going to survive.

278 **BARKLEY:** Okay. I want to clarify one thing. Prior to you doing the autopsy on Mr. CHASSE,
279 you had requested from AMR their records pertaining to them examining Mr.
280 CHASSE.

281 **GUNSON:** Yes, my office routinely requests, uh, pre-hospital records, hospital records, um, and
282 that was done, um, I'd have to, um, that was done, I do have some hos, I do have the
283 hospital records, and I have the hos, or the pre-hospital work from the Northeast
284 Portland pla, uh, well, well they were doing CPR on him.

285 **BARKLEY:** You, okay, you have received...

286 **GUNSON:** But I don't have, I did not receive this.

287 **BARKLEY:** You have received the pre-hospital care report provided, completed by AMR
288 Ambulance at the location of NE 33rd and Clackamas. That had been provided to you
289 prior to the aut, autopsy, correct?

290 **GUNSON:** Yes.

291 **BARKLEY:** But the pre-hospital care report by AMR Ambulance, from the location at NW 13th
292 and Everett, was not provided to you, to you prior to the autopsy.

293 **GUNSON:** Correct.

294 **BARKLEY:** And you have not seen this pre-hospital care report that was completed by AMR
295 Ambulance at the location, the NW 13th and Everett, prior to today's date?

296 **GUNSON:** I hadn't seen it prior to today. No.

297 **BARKLEY:** Okay. Sergeant Rodrigues, do you have a question?

298 **RODRIGUES:** Yeah, Doctor., and then going back to what we know now that occurred, and the
299 officers had a struggle with Mr. CHASSE, and AMR finding his vitals to be within
300 normal. Is there a scenario to your career that you think that knowing what we know
301 now what occurred, that those readings could be accurate? I mean what would be the
302 scenario which I think, everything he went through, that AMR could possibly find
303 those vitals to be within normal range, besides him being a marathon runner or...

304 **GUNSON:** Hmm. I, uh, I, I don't, I've never seen a situation where they would be absolutely
305 normal like they are, given the situation that he was in. From running, the, uh, injury
306 that causes pain, the actual struggle with the police, um, so I have never seen and I'm,
307 I'm trying to think if you could supply a certain kind of drug, you know, where you
308 could slow the heart rate and then it wouldn't, perhaps if he was on something like
309 Interol, which is something called a beta blocker, which by, but which routinely will
310 decrease the heart rate, uh, then, then maybe you might see this, um, but, to my
311 knowledge, he wasn't on, on a beta blocker or something like that. So, you know,
312 being, I mean, yeah, maybe there is some drug, maybe there was some drugs that he
313 could have been on, but that being said I, I don't have any history that he was on those
314 kind of drugs that might, that might decrease his heart rate.

315 **RODRIGUES:** Thank you.

316 **BARKLEY:** This is Sergeant Barkley. If, if the physical encounter with the officers caused the
317 fatal injuries or started the series of medical events there at the 1300 Block of NW

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318 Everett, what symptoms would you expect to observe and/or information gathered if
319 you had gone ahead and done not only a vitals sign, but also the indication that they
320 checked and reported his chest to be negative in the physical findings. You've
321 explained that all these measurements or all these rates that had been noted should
322 have been, under the circum, the circumstances, higher or much higher, is that
323 correct?

324 **GUNSON:** Yes, sir.

325 **BARKLEY:** What else would you have gone ahead and expected to observe or to experience if you
326 had done what the police expected AMR to have gone ahead and done?

327 **GUNSON:** Well, if the police expected the AMR to make an assessment of this person, as to
328 injuries and, uh, vital signs, they provided the vital signs, but in, but I don't see, but I
329 don't see that they provided an injury assessment of, of the patient. Um, the reason I
330 say that is because if you look at page two of this report, under Physical Findings, they
331 said head negative. Well, you can see the head, so perhaps it is negative to their eye.
332 Um, face negative, but lips bloody. Now, the lips may be bloody because of injury to
333 the mouth or the lips, or it may be bloody because there is blood coming out of his
334 lungs from the puncture wounds from his ribs. So, I, I don't, you know, that, the lips
335 bloody is sort of a little sign, it's like, well, why are they bloody. There is no, there is
336 no, they don't say there is a laceration. They don't say any of that kind of stuff. Neck,
337 not assessed. So I can't fault them. I can't, I don't know what they saw there. Chest
338 negative. Now this is, it, it applies when they say chest negative, that they have
339 assessed the chest, that they have looked at it, that they have felt it or palpated it, and
340 come to the conclusion that there is no injury there. But, as far as I know, the clothing
341 wasn't removed or, or lifted or any, I don't know that any of that was done, because if
342 they had done that, they would have seen that, and like I did at the autopsy, that there
343 was injury to the left side of the chest. If they had felt the left side of the chest, they
344 would have felt rib fractures there, 'cause you can feel them without, without, without
345 ever having to open them up in an autopsy. And if they had felt or pushed on the left
346 side of his, by his chest, I'm, there would have been considerable pain for Mr.
347 CHASSE and I'm sure that he would vocalize about that. That he would say
348 something about that. So, I have a problem when they say chest negative, because I'm
349 not sure, I'm not sure that they shouldn't have put not assessed, not looked at.

350 **BARKLEY:** What, what if the paramedics had used the stethoscope to listen to the chest? Would
351 they have heard anything?

352 **GUNSON:** Well, they would have had, if they had done that, then there would have been a
353 difference in the breath sounds from the right chest to the left chest. Because recall, at
354 this time, he has three fractures, left lateral, left posterior, but he doesn't have any rib
355 fractures, in my opinion, on the front part of his chest, at this time. So when they
356 listen to the right chest, they would hear good lung sounds. And they would hear good
357 breath sounds. If they listen to the left side of the chest, they probably would hear
358 muffled sounds because there, he's not drawing any air into his left lung, because his
359 left chest is flail, what we call flail. Uh, so there would have been, you know, they
360 could do that through the clothing too. They could do that through the clothing.

361 **BARKLEY:** With the stethoscope.

362 **GUNSON:** With the stethoscope.

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363 **BARKLEY:** Okay.

364 **GUNSON:** Yeah. Um, then they go on to say back not assessed, abdomen not assessed, pelvis not
365 assessed. And they didn't do a neural exam, which, but they just say they don't do
366 this. And then they note that there are abrasions on the elbows, so they did look at
367 him, visually they, they could see that. But, um, you know, there's, there is no
368 mention of whether they palpated anything to see if there were fractured bones in arms
369 or legs or...

370 **BARKLEY:** But they do note the arms, abrasion on elbows.

371 **GUNSON:** Yeah.

372 **BARKLEY:** And they note leg, negative.

373 **GUNSON:** Negative.

374 **BARKLEY:** And then the skin pale, warm, dry.

375 **GUNSON:** Uh-huh.

376 **BARKLEY:** Would that be consistent?

377 **GUNSON:** Um, yeah, you know, pale, warm, dry. The skin might also be clammy. But usually,
378 the skin is clammy when they've lost a lot of blood. He hasn't lost a lot of blood. He
379 has been in somewhat of an altercation, so I would expect it to be warm. Um, I'm a
380 little bit surprised that he doesn't have more sweating going on, but he might have
381 been more moist. But, but it depends on where you look. So...

382 **BARKLEY:** Concerning an issue relating to, uh, brittle bones. The autopsy report does not note
383 the existence of brittle bones. However, Detective Courtney's summary of
384 investigation report, which I have provided you with a copy, referenced to you, it
385 notes Dr. GUNSON did note and tell us CHASSE's bones were more brittle than
386 average due, in part, to his poor nutrition on page eighteen.

387 **GUNSON:** Uh-huh.

388 **BARKLEY:** Were you able to determine if Mr. CHASSE's bones were "more brittle than average"
389 and what would you base that assessment on?

390 **GUNSON:** Yes, I, I do, I do recollect making that conversation with, uh, Detective Courtney.
391 And I base my assessment on his bones being more brittle on my exam. And by that, I
392 mean when we have to, when we look at people, you have to, you have to remember
393 remove their chest plate during that, the course of the autopsy, we do that using
394 lappers or limpers (sp?), which are, you know, like you would use at home. I mean
395 they're cheap and they're easy. So you cut, you cut the ribs with those. And so when
396 we cut his ribs, it was my opinion, and, in fact, the opinion of my pathology assistant,
397 but we don't need to go into that, but boy, his bones sure cut easy. And it, I have had
398 occasion to assess that over the years, I've done about 4,000 autopsies, so, you know, I
399 can tell you what bones are when they're firm and strong, such as we usually see in
400 middle aged men. And in older women, we often see these really fragile, brittle
401 bones, well, you're, they hold up fine, but they're, they, they lack a lot of calcification.
402 They cut much easier. And in my opinion, his bones are more like those of a 50, 60,
403 70 year old woman than they are a 30-year-old man with no other diseases.

404 **BARKLEY:** And what would you attribute that to?

405 **GUNSON:** Well, I...

406 **BARKLEY:** Anything in particular?

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363 **BARKLEY:** Okay.

364 **GUNSON:** Yeah. Um, then they go on to say back not assessed, abdomen not assessed, pelvis not
365 assessed. And they didn't do a neural exam, which, but they just say they don't do
366 this. And then they note that there are abrasions on the elbows, so they did look at
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386 average due, in part, to his poor nutrition on page eighteen.

387 **GUNSON:** Uh-huh.

388 **BARKLEY:** Were you able to determine if Mr. CHASSE's bones were "more brittle than average"
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403 70 year old woman than they are a 30-year-old man with no other diseases.

404 **BARKLEY:** And what would you attribute that to?

405 **GUNSON:** Well, I...

406 **BARKLEY:** Anything in particular?

it this way. But for the injuries sustained on North, in Northwest Everett, Mr. CHASSE would not be dead in NE 33rd. We have to look once again about what is the definition of cause of death. It is that injury that sets in motion the events that lead to death. And so the injuries that he sustained in Northwest Portland was that injury that sets into motion all these other things that happened. With the ambulance coming, him going to jail, and finally suffering a cardio respiratory arrest in Northeast Portland.

BARKLEY: So it would be correct and, and expanded on that and hypothetically if Mr. CHASSE had been transported to the hospital from the 1300 Block of NW Everett to the hospital, and a week later developed pneumonia, what would have been the cause of death with that scenario? Would it, would it be the same or would it be pneumonia.

GUNSON: It would be the same. They would be blunt force chest trauma because the reason that he is in the hospital and gets pneumonia is because he has sustained these injuries in Northwest Portland at that time.

BARKLEY: Okay. And regarding the phenomenon of excited, agitated delirium, did you consider that as a primary or secondary cause and what considerations were given, if any, to excited, agitated, agitated delirium as it relates to Mr. CHASSE?

GUNSON: Yes, we gave, uh, considerable thought to that as far as what might have led up to his death. In fact, um, in some ways, it was sort of primary in our head that this is what was, might be the cause of death. Um, we have seen lots and lots of cases of agitated delirium or excited delirium, whatever you want to call it, and, um, his actions, but when, when we reviewed his actions before we even started the autopsy, they were much more subdued than what we normally see in, in, in a real excited delirium. Um, and the fact that he was running from police and had, had seen the police and moved away earlier and then ran from them was more suggestive to me of something like a paranoid schizophrenia kind of reaction rather than an agitated delirium. And, as you know, with agitated delirium, many times, uh, we have people, their temperature goes way high, 106, even 107, they begin to sweat profusely. They have really what is considered super human strength, I mean they are very, very strong. They are not responsive to things like taser or, uh, pepper spray. And, um, many times it's caused by, uh, cocaine psychosis, methamphetamine psychosis, or it could even be caused by a person who is, uh, psychotic because of schizophrenia. He doesn't demonstrate these symptoms at all. I mean he doesn't have that same sweaty, um, hyperactive activity. And, uh, indeed, um, once we saw the injuries, it was comp, then we completely abandoned that idea of cocaine psychosis or, or some kind of excited delirium. Indeed, when we did the autopsy and did the toxicology, he has got negative, uh, negative drug screens. So, unless we want to say he's, uh, has a side of delirium due to his schizophrenia, um, we don't have a reason for it, but I also don't think we have the symptoms for it. Uh, given the whole picture of what happened that day.

BARKLEY: Approximately how many autopsies have you performed?

GUNSON: Well, I've been at the Medical Examiner's since 1985 and so I've been there nearly 22 years. Um, and I do, um, at, anywhere, early on, I was doing about 250 cases a year. And now I do closer to 180 to 200 a year. So, if you sort of do the math, I think you come up with somewhere around 4,000, 4,000 autopsies, somewhere like that.

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497 **BARKLEY:** My final question for you is, once again, going back to the 1300 Block of NW Everett,
498 not to lay blame, but just for clarification purposes, if the officers at that location had
499 been provided with information other than that Mr. CHASSE's vital signs were within
500 the normal range and Mr. CHASSE had been transported to an emergency room, you
501 had stated earlier that he would have had a good chance, possibly a 50/50 chance of
502 survival. Is that correct?

503 **GUNSON:** Yes, sir.

504 **BARKLEY:** Detective Sergeant Rodrigues anything?

505 **RODRIGUES:** Yeah, Doctor., as far as the drug screen that was conducted on Mr. CHASSE, you said
506 there was an absence for, for any drugs in his system?

507 **GUNSON:** We just, uh, excuse me, just a minute while I pull that up.

508 **RODRIGUES:** Uh-huh.

509 **GUNSON:** Uh, we did an alcohol panel which includes ethanol, methanol, acetone, and
510 isopropylal (sp?), all negative. We did an, _____ drug acid, which was done
511 on the urine. And we checked for amphetamines, cocaine metabolite, opiates,
512 benzodiazepines, conabanooids (?) and methadone with that, and all those are negative.
513 And then I decided just to make sure, I would do a blotter screen called Urinorganic
514 (?) base and that will pick up a lot of drugs like prescription medications, as well and
515 so and it won't pick up absolutely everyone, but, uh, a large degree, number, including
516 some of the psychoactive drugs. A Urinorganic base, no drugs detected. So, he, it
517 also tells us that he wasn't using whatever medication he was supposed to be using,
518 uh, which I understand was some, um, anti-psychotic meds.

519 **RODRIGUES:** That's what I was getting at. Thank you, Doctor.

520 **BARKLEY:** Dr. GUNSON, do you have anything that you would care to add, clarify regarding the,
521 our internal investigation of the CHASSE in-custody death?

522 **GUNSON:** Uh, no I don't believe so, thank you though.

523 **BARKLEY:** Okay. We will conclude the interview of Dr. GUNSON at 1221 hours.

524

525 2006-B-0016TRS-GUNSON

526 Transcribed 052307/1126 C. Yeager

CHASSE115210

PPB / CAD REPORTS PERTINENT TO CASE
PPDS REPORTS PERTINENT TO CASE
MEDICAL AND/OR DETOX RECORDS
DIRECTIVES
TRAINING BULLETINS
EXHIBITS
ANYTHING ELSE PERTINENT TO CASE

PREHOSPITAL CARE REPORT

OR - Multnomah

Case #: 3087261

County Run #: RP0609171244

Pt # 1 of 1

Unit ID: 306

Date: 9/17/2006

DISPATCH INFORMATION

Time Received: 17:23:04
Time Dispatched: 17:23:18
Time Enroute: 17:23:39
Time On Scene: 17:25:50
Time at Pt Side: 17:26:10
Time To Hosp:
Time At Hosp:
Time Cleared: 17:41:59

Incident Location: Street or Highway
NW 13 AV&NW EVERETT ST, PORTLAND,
OR

Initial Mode: CODE 3
Final Mode: CODE 3

First in:

Nature of Call: UN1 Uncons_Not BR_Abnorm BR

PATIENT DEMOGRAPHICS

Name: doe, john
Address:
City, State, Zip:
Phone: (000) 000-0000
SSN: 000-00-0000

D.O.B.: 01/01/1961
Ethnicity: White
Physician:
Employer:
Responsible Party: doe, john

☒ Age Estimated
Age: 45 years Months: Days:
Sex: Male Weight:
Triage Tag :
Phone: (000) 000-0000

NARRATIVE

☐ Special Study

45 year old Male in police custody. He saw police on the street and took off running several blocks until caught, he then fought with police, was cuffed and hobbled and then became extremely quiet. Police thought he may have passed out, he came to quickly. Police are requesting that we check for any life threatening vital signs before they take him to jail.

Pt is lying quietly on sidewalk, rr 18 -20, opens eye but isn't talking to us. VS within normal limits. Attempted blood glucose and pt began fighting and yelling, he was held for the test which was normal. Police refusing transport for pt in their custody. Advised VS were normal but pt was probably on some sort of drug. Police acknowledged this and signed refusal.

CC none

PRIMARY ASSESSMENT: Toxicological -- Illicit Drug(s).

HISTORY OF PRESENT ILLNESS

Chief Complaint: none
HPI:

Mechanism of Injury:

Safety Equipment:

Contributing Factors:

Environmental Factors:

Factors Affecting Delivery Of Care:

PAST MEDICAL HISTORY

History: None Stated.
Allergies: Unknown.

000715

Medications: None Stated.

CLINICAL IMPRESSION

Primary Assessment: Toxicological -- Illicit Drug(s)

Secondary Assessment

TRAUMA TRIAGE

CRAMS Score:

Physiological Criteria:

Anatomic Criteria :

Mechanism :

Discretionary Criteria:

Paramedic Judgment:

PATIENT FINDINGS

☐ PTA

Time:

By:

Pt. Position: N/A

Blood Pressure: N/A/ N/A

Pulse

Rate: N/A

Regularity: N/A

Strength: N/A

Location: N/A

Skin

Color: N/A

Temp: N/A

Moisture: N/A

Cap Refill: N/A

Cardiac Rhythm

Rate: N/A

ECG: N/A

Ectopy: N/A

12Lead Interpretation:

N/A

GCS

Eyes: N/A

Verbal: N/A

Motor: N/A

Total:

Level of Consciousness

Respond To: N/A

Pupils: N/A

Respiratory

Rate: N/A

Effort: N/A

Depth: N/A

SAO2: N/A

ETCO2

CO2 Value: N/A

CO2 Color: N/A

Lung Sounds

Right: N/A

Left: N/A

Acuity: N/A

Comments:

PHYSICAL FINDINGS

Head Neg

Face neg, not pinpoint, lips bloody

Neck Not Assessed

Chest neg

Back Not Assessed

Arm (s) abrasions on elbows

Abdomen Not Assessed

Pelvis Not Assessed

Leg (s) Neg

Skin pale warm dry

Neuro Exam Not Assessed

TREATMENT AND RESPONSE

PTA Time

Medic

Procedure

☐ 1728

Hergert, Tamara, AMR

Vital Sign/ECG - BP: 110 / 73 , Pulse 100 . Respirations: 18 .

☐ 1730

Hergert, Tamara, AMR

Blood Glucose - 119 mg/dL.

000716

PATIENT DISPOSITION

Disposition: Treated -- Refused Tra
Est Time Death: 0
Mode of Transport:
Air Request By:
Reason For Air:
Destination Decis:
Hosp Divert From:

Receiving Hospital:
Other Hospital:
Personal Items:
First Respond Assist: ☐
Base Hospital: MRH
Base Hosp Contact: ☐
Base Contact Time:

MD Consult: ☐
Base Physician:
Transport Priority:
Change In Priority:
Mileage Scene:
Mileage Hospital:
Total Mileage: 0.00

Physician Order:

1st Attendant: Hergert, Tamara, A 2nd Attendant: Stucker, Kevin, AMR 3rd Attendant: Hospital Signature:

Number: 109859

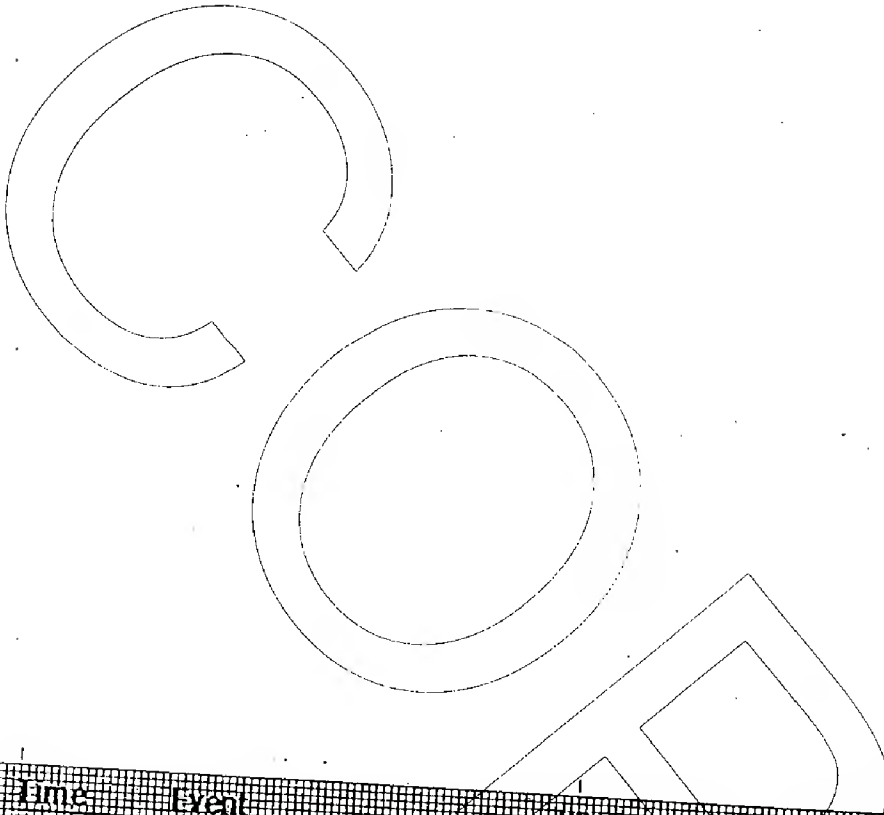
Certification:

Number: 127291

Certification:

000717

COPY



10761743		Time	Event	HR	KIBP(mmHg)	PP	Code Summary Complete
		17:23:34	Power On				
		17:25:52	KIB				
Sex:		18:53:34	Power Off		112/33/518		
VSA08-17:24:34							
		300					
		300					
		8					
00:00:00							
		3					
01:34:30							
12:29:32							

P/N 805319

Code
Summary
Complete

Code
Summary
Complete

050086	172434	000
		000
		0
20	00	00
		0
01	34	38

P/N 805319

COPY

**PORTLAND FIRE BUREAU
PRE-HOSPITAL CARE REPORT**

ALARM NO.: FP06045181
INCIDENT DATE: 09/17/2006
RESPONSIBLE UNIT: E03

PATIENT NAME: DOE, JOHN	SSN:	DOB:	AGE: 45
PT. ADDRESS: NW 13TH AV & NW EVERETT ST PORTLAND, OR 97209	SEX: M Weight: 60 kg	PHONE:	
RESPONSIBLE PARTY:	PT. PHYSICIAN:		
INCIDENT ADDRESS: NW 13TH AV & NW EVERETT ST	APT #:		
CITY/STATE/ZIP: PORTLAND, OR 97209			
REASON FOR DISPATCH: UN1: UNCONSCIOUS/1ST RESP	CALL RECEIVED:		

INCIDENT SITE: CITY/COUNTY/STREET	MCI:	MPS:	N/A: X	PT. #: 1
RESP. UNITS: E03, M306	AID BEFORE ARRIVAL: NONE			
TIMES:	DISPATCHED: 17:23	ENROUTE: 17:24	ON SCENE: 17:26	WITH PATIENT: 17:27
TOTAL SCENE TIME(MINS): 15		EXTRICATION TIME(MINS):		
PT. WAS TRANSPORTED: YES	BY:	LEVEL OF SERVICE: ALS		
TO:	RECEIVED BY:			
REFUSAL:				
VEHICULAR:	PROTECTIVE DEVICES:			
	PT. WAS:	IN/ON:	INVOLVED WITH:	

ENTERED INTO TRAUMA SYSTEM: NO	TIME OF ENTRY:	TRAUMA ID:
ENTRY CRITERIA:		

PAST MEDICAL HISTORY: UNKNOWN
CURRENT MEDICATIONS: UNKNOWN
ALLERGIES: NONE

INTERVENTION

TIME: 17:27	PERFORMED BY: KOPPY, WILLIAM H
<u>LOC</u>	
[ALERT: Y] [ORIENTATION TO EVENT: N] [ORIENTATION TO PERSON: N] [ORIENTATION TO PLACE: N] [ORIENTATION TO TIME: N]	
<u>SKIN</u>	
[COLOR: NORMAL] [HYDRATION: DRY] [TEMPERATURE: NORMAL]	
TIME: 17:30	PERFORMED BY: M306,
<u>VITALS</u>	
[SP02 SATURATION %: 98%] [PULSE RATE: 100] [PULSE RHYTHM: REGULAR] [PULSE QUALITY: STRONG] [RESP RATE: 18]	
[RESP RHYTHM: REGULAR]	

000541

PORTLAND FIRE BUREAU
PRE-HOSPITAL CARE REPORTALARM NO.: FP06045181
INCIDENT DATE: 09/17/2006
RESPONSIBLE UNIT: E03

TIME: 17:31	PERFORMED BY: M306,
NIBP [BP SYSTOLIC: 110] [BP DIASTOLIC: 73]	
TIME: 17:33	PERFORMED BY: M306,
BLOOD GLUCOSE [VALUE (MG/DL): 119]	

NARRATIVE

SUBJECTIVE: APPROX. 45 Y/O MALE INVOLVED IN ALTERCATION WITH POLICE. POLICE OFFICER ON-SCENE INDICATED THAT SAW PT. STANDING ON SIDEWALK AND WHEN HE SAW POLICE HE RAN. POLICE OFFICER INDICATED THEY CHASED PT. AND WHEN THEY CAUGHT UP TO HIM HE BEGAN TO FIGHT WITH POLICE. OFFICER STATED PT. WAS VERY COMBATIVE AND ATTEMPTED TO BITE 2 DIFFERENT OFFICERS. OFFICER STATED PT. CONTINUED TO FIGHT EVEN AFTER HE WAS TAZERED. AMR MEDIC STATED OFFICERS INDICATED THEY FOUND UNSPECIFIED AMOUNT OF COCAINE IN PT.'S POSSESSION. PT. DID NOT RESPOND TO ANY QUESTIONS THROUGHOUT. POLICE INDICATED THEY WANTED PT. EVALUATED AND IF PT.'S VITALS WERE WITHIN NORMAL LIMITS THEY WOULD TRANSPORT HIM TO JAIL.

OBJECTIVE: UPON ARRIVAL AMR ON-SCENE WITH PIC. PT. LAYING ON GROUND HANDS CUFFED BEHIND BACK AND HOG TIED. AIRWAY CLEAR, SMALL LACERATIONS TO BOTH LIPS WITH MINOR BLEEDING, VARIOUS SMALL ABRASIONS TO HEAD AND BOTH ARMS WITH MINOR BLEEDING, NO OTHER VISIBLE TRAUMA NOTED. PT. WITH PURPOSEFUL MOVEMENT TO ALL EXTREMITIES. PT. WAS RATHER COMBATIVE AND UNCOOPERATIVE THROUGHOUT.
NOTE> E3 ADVISED THE 2 POLICE OFFICERS WHO WERE BITTEN BY PT. TO FOLLOW THEIR BUREAU POLICY FOR EXPOSURES AND TO SEEK MEDICAL ATTENTION AS NEEDED.

ASSESSMENT: POSSIBLE SYMPTOMS SECONDARY TO DRUG USE AND VARIOUS SMALL ABRASIONS AND LACERATIONS SECONDARY TO ALTERCATION.

PLAN: ASSIST AMR AS NEEDED, ABC'S, PT. EXAM, AMR WITH VITALS, O2 SAT, BLOOD SUGAR CHECK, POLICE CARRIED PT. TO POLICE CAR, AMR MEDIC EXPLAINED REFUSAL INFO TO POLICE OFFICER ON-SCENE, POLICE OFFICER SIGNED REFUSAL FORM, E3 CLEARED, END.

RESPONSIBLE UNIT PERSONNEL: KOPPY, WILLIAM H - MALLOY, BRIAN P - REEB, DONALD E - SZALAY, GARY A			
PIC: M306		TIME OF PIC TRANSFER:	
MEMBER MAKING REPORT: KOPPY, WILLIAM H		TITLE: LTRE	DATE: 09/17/2006
ADDITIONAL INFORMATION BY:		TITLE:	DATE:

000542

CHASSE115221

COPY

Oregon State Medical Examiner's Summary:

A post mortem examination was conducted on Chasse at the State Medical Examiner's Office in Clackamas, Oregon. This examination was conducted by Oregon State Medical Examiner, Dr. Karen Gunson on 09/18/06. As a result of that examination, Dr. Gunson listed Chasse's death as accidental with the cause of death due to broad base blunt force trauma to the chest. Dr. Gunson found Chasse to have rib fractures both anterior and posterior, some of which could have been fractured through chest compressions done in an effort to revive Chasse. One of these rib fractures penetrated the left lung causing approximately 300cc's of blood to be found in the left chest cavity. Dr. Gunson indicated posterior fractures could have occurred when and if an officer fell on his back when taking him to the ground. This broad base trauma Dr. Gunson described could not, in her opinion, have occurred by officers kicking or punching Chasse. Dr. Gunson did note and tell us Chasse's bones were more brittle than average due in part to his poor nutrition. Toxicology results found no presence of alcohol or drugs in Chasse's system.

Investigative Summary:

As a result of an extensive investigation into the death of James Philip Chasse, detectives found no criminal culpability or impropriety by officers surrounding the arrest and transport of Chasse. When Chasse was first observed by officers, he was acting in a strange peculiar manner which drew their attention. When Chasse first observed officers, he immediately left the area. When observed a few minutes later, Chasse again was acting in a strange manner as if he was high on drugs or intoxicated. When officers first approached him, Chasse was believed to be urinating on the sidewalk. His pants were observed to be wet in the buttocks and leg area which supported their belief. When Chasse observed officers approaching him, he immediately started to run in the opposite direction.

When Officer Humphreys forced Chasse to the ground a short distance away, Officer Humphreys fell to the ground also. Witness accounts of this fall vary with a few witnesses



CITY OF PORTLAND, OREGON



Bureau of Police

Tom Potter, Mayor

Rosanne M. Sizer, Chief of Police

1111 S.W. 2nd Avenue • Portland, OR 97204 • Phone: 503-823-0000 • Fax: 503-823-0342

Integrity • Compassion • Accountability • Respect • Excellence • Service

MEMORANDUM

October 24, 2006

TO: COMMANDER CLIFF MADISON
DETECTIVE DIVISION

SUBJECT: PORTLAND POLICE BUREAU IN-CUSTODY DEATH

Summary of Investigation

In-Custody Death Investigation, PPB Case #06-84962

Lead Investigating Detectives:

Detective LYNN COURTNEY, DPSST #13609 – Homicide Detail

Detective JON RHODES, DPSST #16753 – Homicide Detail

Detective Supervisors:

Lt. MARK BIGEAGLE, DPSST #14400

Sgt. GEORGE BURKE, DPSST #21850

Officers Involved:

Transit Police Division Officer CHRISTOPHER HUMPHREYS, DPSST #32784

Transit Police Division, MCSO Deputy BRET BURTON, DPSST #43860

Central Precinct Sgt. KYLE NICE, DPSST #26853

Central Precinct Officer TROY PAHLKE, DPSST #34490

Central Precinct Officer CARL WELDON, DPSST #32413

Community Policing: Making the Difference Together
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Police Information Line: 503-823-4636, TTY (for hearing and speech impaired): 503-823-4736 Website: <http://www.portlandpolicebureau.com>

CHASSE115224

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**Portland Police Bureau
Training Division
In-Service 2005- 06
Tactical Update Foot Pursuits
Lesson Plan Outline and Presentation**

- I. Course Title:** Tactical Update Foot Pursuits
- II. Instructor:** Training Division Staff
- III. Date/Time:** Sept 12, 2005 – May 25, 2006
- IV. Training Audience:** All Sworn Personnel
- V. Course Goal:** To have officers updated in the tactical procedures and information in the area of foot pursuits.
- VI. Performance Objectives**
1. Introduction
 2. At the conclusion of this course, officers should have a clear understanding of:
 - How a Foot Pursuit is defined
 - How Tactical Apprehension Strategies are applied.
 3. At the conclusion of this course, officers should have the ability to identify certain behaviors that a subject may display during a foot pursuit which may indicate that the subject is armed.
 4. Officers should be able to evaluate a situation and determine if a "Foot Pursuit" is the best tactical action and if termination is a feasible option.
 5. Officers should be familiar with the changes in dynamics when transitions from a "Foot Pursuit" to a "Tactical Apprehension" take place.
 6. Officers should know what the "Foot Pursuit" restrictions are and why they are in place.

**Portland Police Bureau
Training Division
In-Service 2005- 06
Tactical Update Foot Pursuits
Lesson Plan Outline and Presentation**

VI. Course Outline

1. Introduction
2. Foot Pursuit –vs- Tactical Apprehension Strategies



3. Fleeing Subjects / Indicators



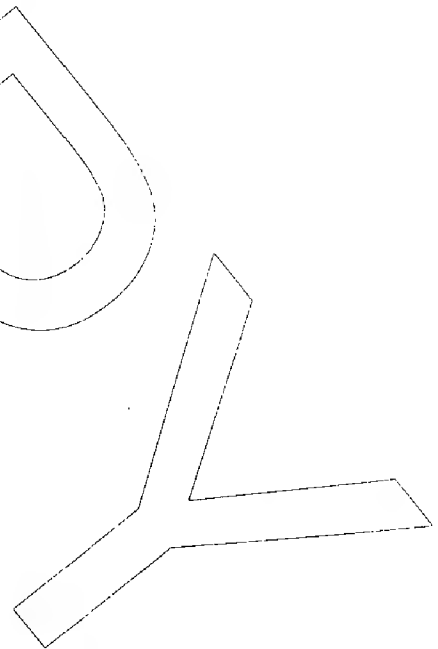
4. Pursuit Transitions



5. Pursuit Termination



6. Restrictions



**Portland Police Bureau
Training Division
In-Service 2005- 06
Tactical Update Foot Pursuits
Lesson Plan Outline and Presentation**

1. Introduction

In recent months, several tactical situations have brought to light some questions regarding foot pursuits and their associated tactics. Some of the officers involved in these situations, along with supervisors, have shared some of their observations and concerns on this topic. This presentation is a result of officer input, information gathered at shooting debriefs and research. Officers should have an improved perspective concerning foot pursuits in general and the options that are available to them.

The Bureau will be issuing a new directive on foot pursuits. All officers need to read and be familiar with this new directive when it is made available.

2. Foot Pursuit versus Tactical Apprehension

A. Foot Pursuit Defined

A foot pursuit by definition is: A pursuit on foot by officer(s) where *constant visual contact* is maintained at all times, and the subject is *readily capable of being apprehended* by the pursuing officer(s). Officer may re-engage in the foot pursuit when they regain visual contact and the subject is readily capable of being apprehended.

B. Tactical Apprehension Strategies

When a foot pursuit transitions into a tactical apprehension, the following strategies may be applied:

**Portland Police Bureau
Training Division
In-Service 2005- 06
Tactical Update Foot Pursuits
Lesson Plan Outline and Presentation**

3. Displayed Behaviors of a Subject

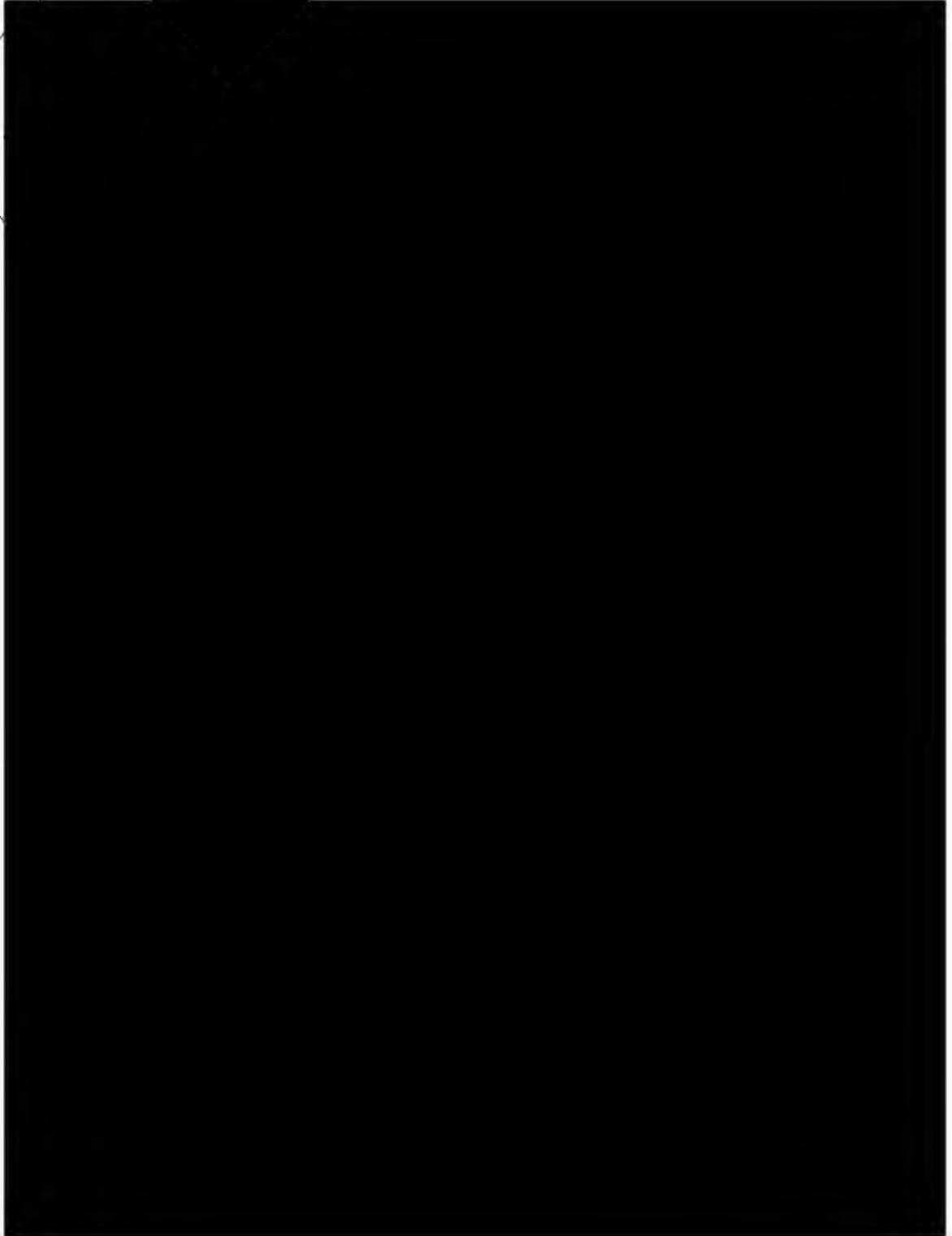
**Portland Police Bureau
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Tactical Update Foot Pursuits
Lesson Plan Outline and Presentation**



4. Pursuit Transitions



**Portland Police Bureau
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In-Service 2005- 06
Tactical Update Foot Pursuits
Lesson Plan Outline and Presentation**



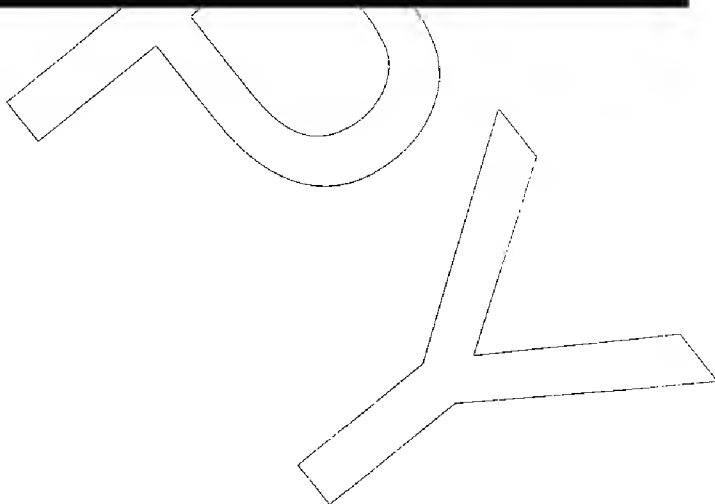
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Lesson Plan Outline and Presentation**

5. Pursuit Termination

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Lesson Plan Outline and Presentation**

6. **Restrictions**

**Portland Police Bureau
Training Division
In-Service 2005- 06
Tactical Update Foot Pursuits
Lesson Plan Outline and Presentation**



COPY

From: Michael Barkley
To: Bigeagle, Mark; Burke, George; Drum, Jay; Famous, David; Hattori, Keith; Hendricks, Eric; Madison, Cliff; Rodrigues, Derek; Tellis, John A.
Date: 12/15/06 11:03AM
Subject: Re: Meeting for Review of Chasse Case

The Chasse case is scheduled to be reviewed on **Wednesday, 12/20th at 0900 hours** at the **Internal Affairs Division conference room**. This date and time seems to be best for I.A.D., Training Division and Detective Division.

Thanks
Michael

>>> David Famous 12/14/06 06:17PM >>>
December 20 works best for me.

Lieutenant Dave Famous
Portland Police Bureau
Training Division
Camp Withycombe
503-823-0603
dfamous@portlandpolice.org

>>> Keith Hattori 12/14/06 03:48PM >>>
Mike, I'm good for the 20th but I'm off on the 21st

>>> Michael Barkley 12/14/06 02:56PM >>>
Please e-mail me if you are available to meet to discuss the Chasse case in the Internal Affairs Division conference room **on either Wednesday, 12/20th or Thursday, 12/21st at 0900 hours.**

Thanks
Michael

>>> Jay Drum 12/12/06 01:22PM >>>
Sgt. Barkley, Will you take over the organization of this meeting since I will be out of town. Thanks

Lt. Jay Drum
Internal Affairs Division
503-823-0028
jadrum@police.ci.portland.or.us

>>> David Famous 12/11/06 06:30PM >>>
Jay,

I'm currently wide open Dec. 18-21...any time will work for me. I will be in Salem Friday Dec. 22, so I'm jammed up on that day.

Keith:

Please let Jay know what works for you so we can get this locked down.

Dave

Lieutenant Dave Famous
Portland Police Bureau
Training Division

Camp Withycombe
503-823-0603
dfamous@portlandpolice.org

>>> Jay Drum 12/11/06 11:01AM >>>

Mark and Dave, How does next week look like for the detectives and the staff of training. Please give me some specific times and dates. thanks.

Lt. Jay Drum
Internal Affairs Division
503-823-0028
jadrum@police.ci.portland.or.us

>>> David Famous 12/08/06 10:43AM >>>
Jay,

The Training Division staff is scheduled to attend In-Service next week (Monday thru Thursday) so Keith and I will not be available on that date. However, I'm wide open after that.

Lieutenant Dave Famous
Portland Police Bureau
Training Division
Camp Withycombe
503-823-0603
dfamous@portlandpolice.org

>>> Jay Drum 12/07/06 03:39PM >>>

Mark and Dave, Please let me know if the below listed time would work for a meeting between the detectives who did the investigation and the IAD, Training personnel that will be reviewing the case.

Thursday Afternoon DEC 14th at one pm in the IAD conference room.

Lt. Jay Drum
Internal Affairs Division
503-823-0028
jadrum@police.ci.portland.or.us

From: Carol Kershner
To: Scott (IPR) Warner; Mike Hess; Carol Kershner; Steven Morrow; Venancio (IPR) Panit; Pete Sandrock; Marilyn Shepherd; Leslie Stevens; Lauri Stewart; Judy (IPR) Taylor
Date: 10/4/06 8:09AM
Subject: Autopsy report details death in police custody/Chasse/KGW, KATU & Oregonian/10-3 & 4/2006

Injury list a long one in police beating

Chest trauma - The family releases the autopsy as a grand jury looks into the death of

James P. Chasse Jr.

Wednesday, October 04, 2006

MAXINE BERNSTEIN

The Oregonian

James P. Chasse Jr., the 42-year-old man who died Sept. 17 after three officers struggled to arrest him, suffered more than a dozen fractured ribs, some that punctured his left lung and caused massive internal bleeding, according to an autopsy report released by his family's attorney Tuesday. The state medical examiner's report revealed 16 of Chasse's ribs were fractured. 26 individual rib bones in the front and back of his rib cage were broken, splintered or crushed after his initial encounter with two Portland officers and a Multnomah County sheriff's deputy.

He also suffered multiple bruises, contusions and abrasions to his head, chest and abdomen. Toxicology tests revealed no alcohol or drugs in his system.

Further, a deputy medical examiner's initial investigative report done the night of Chasse's death indicates that American Medical Response ambulance medics who first evaluated a handcuffed Chasse on the street said they were not told Chasse may have gone into respiratory arrest, although police called an ambulance because they believed Chasse was unconscious. The medics also said they were unaware officers had used a Taser on Chasse, the report says.

The ambulance medics said they found Chasse conscious and his vital signs in the normal range, and let the police officers decide whether to transport Chasse to a hospital. Dwayne Bigoni, the deputy medical examiner, wrote in a narrative report.

Police then shackled Chasse's ankles together, tied his feet to his hands in a "hog-tie" and drove him to jail, accusing him of resisting arrest and interfering with police. There, jail nurses determined he needed further medical attention, and police drove Chasse to Portland Adventist Hospital. He died en route.

When Chasse's body arrived for autopsy, his left chest appeared "flattened," the report said.

Call for inquest

The state medical examiner, Dr. Karen Gunson, cited blunt-force chest trauma as his cause of death and wrote that the injuries were caused "by another person or a fall." Gunson ruled the death an accident, but Chasse's family, witnesses and a police watchdog group has questioned her ruling, and at least one state lawmaker has called for a public inquest into Chasse's death.

Tom Steenson, the family's attorney, released the autopsy report because Chasse's family was disturbed by the extent of the injuries and is continuing its own independent investigation of his death. They highlighted that Chasse, who suffered from schizophrenia, had a slight build, was 5 foot 9 inches tall and weighed 145 pounds.

"Jim had a difficult life, and its end was horribly, horribly unjust," Mark Chasse said when eulogizing his older brother at a private service on Friday.

The family attorney released the full autopsy report on the first day the Multnomah County district attorney's office presented the case to a grand jury for review. The grand jury is expected to hear more testimony this morning and make a ruling on whether anyone is criminally liable in Chasse's death.

Copwatch letter

Dan Handelman, who leads Portland Copwatch, wrote a letter to the district attorney this week demanding that his office present an "aggressive and thorough" case to the grand jury.

"Even if the officers did not intend to kill Mr. Chasse, they should have known that their actions could cause his death," Handelman wrote. "It seems reasonable that a jury could indict the officers for criminally negligent homicide."

On Tuesday, District Attorney Michael Schrunk responded to Handelman that the entire grand jury file would be turned over to Chasse's family upon conclusion of the review. But he cautioned that the grand jury's role is only to decide the narrow question of criminal liability.

"The answer to this question is not the same as to the one of whether the death was justified or whether anyone is or is not civilly liable in relation to that death," Schrunk wrote. "It is also not a decision as to whether appropriate procedures or resources are available for the mentally ill in circumstances such as these."

According to police, officers spotted Chasse acting oddly as if he either were on drugs or had a mental disorder, and then possibly urinating in the street before they walked up to him. When he ran, they chased him. Police said one officer pushed Chasse in the back, "which caused him to stumble to the ground."

What witnesses saw

Witnesses, though, said three officers forcefully tackled Chasse to the pavement and landed on top of him, then wrestled with him, repeatedly kicking and punching him in the chest and head.

Police say that Chasse tried to bite one officer, and that one officer pulled out a Taser gun and placed it to Chasse's torso to stun him. Police said the Taser didn't have an effect. Witnesses said it appeared Chasse went unconscious, and an ambulance and firefighter medics were called.

Portland Police Chief Rosie Sizer had no comment on the autopsy Tuesday. The chief and a supervising sergeant from the Detective Division plan to hold a news conference following the grand jury's ruling on the police investigation. She told members of the Chief's Forum on Monday morning that she would not prejudge the officers' actions until the investigation was done. Portland Sgt. Kyle Nice, Officer Christopher Humphreys and Multnomah County Sheriff's Deputy Brett Burton remain on paid leave as the investigation continues.

"We have to wait until the grand jury is done," said Officer Cathe Kent, a police spokeswoman. "The whole point is so the jury hears things firsthand and not backdoors like this."

Jason Sorrick, spokesman for AMR Ambulance, said he could not discuss the ambulance medics' actions in regard to Chasse. "Federal privacy rules are pretty clear," Sorrick said. "We can't discuss anything in regard to patient care."

Why the medics would defer to police on whether to take a person they examine to the hospital, Sorrick declined to answer as well. AMR medics declined to be interviewed by Portland detectives investigating the case and had to be subpoenaed to testify before the grand jury.

Maxine Bernstein: 503-221-8212 maxinebernstein@news.oregonian.com

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Autopsy report details death in police custody

05:49 PM PDT on Tuesday, October 3, 2006

By DAVID KROUGH, kgw.com Staff

The family of a Portland man who died while in police custody released Tuesday what their attorneys called the "remarkable" autopsy report of his death.

Jamie Marquez, courtesy the Portland Mercury

Medics and police check on a man who later died in police custody.

According to the state medical examiner, James Chasse Jr. died an accidental death from blunt force trauma to the chest, officials said.

The autopsy documents show that Chasse had multiple broken ribs that caused massive internal injuries and a punctured lung.

Attorney's for Chasse's family said that the "report is remarkable for several reasons," citing that Chasse was in relatively good health and had no alcohol or drugs in his system at the time.

Chasse died on the way to the hospital in a patrol car after being booked into jail by officers on September 17, according to police. Police took Chasse into custody in Northwest Portland after a struggle, officers also tased Chasse and he later began having breathing problems, police said.

Medics were called in and Chasse showed normal vital signs, then officers took him to the Multnomah County Detention Center according to officers.

According to the autopsy report, a nurse at the jail advised officers to take Chasse to the hospital. Police said he died on the way, according to the report.

Dr. Karen Gunson of the medical examiner's office said that from a medical examiner's point of view, the officers involved did not know Chasse would die based on their actions.

CC: Cathy Rossetto;Merry C. Grant;John A. Tellis;Jay Drum

Merry C. Grant - Update on In-Custody Death of James Chasse

From: Rosie Sizer
To: Everyone; president@ppavigil.org
Date: 9/22/06 3:20PM
Subject: Update on In-Custody Death of James Chasse
CC: juliet@ppavigil.org

I wanted to take a moment to update Police Bureau members on the investigation and release of information regarding the in-custody death of James Chasse that occurred earlier this week.

Today, the Public Information Officer will be releasing the findings by the Oregon State Medical Examiner. The Medical Examiner determined Mr. Chasse died as a result of a broad-based, blunt force trauma to his chest. Additionally, the Medical Examiner has ruled Chasse's death as accidental. The toxicology results were negative.

This incident has generated community concern. We have released as much information regarding what led up to the incident and the events that followed as we could without compromising the investigation.

The Grand Jury is scheduled for October 2, 2006; we will get additional information out to you when it concludes.

Rosanne M. Sizer
Chief of Police

PRO

From: Leslie Stevens
To: Merry C. Grant
Date: 9/19/06 2:58PM
Subject: RE: In custody death investigation

From the Bureau -

On September 17, 2006, at approximately 6:45 p.m., 42-year-old James Phillip Chasse died while receiving medical treatment after being taken into custody by Portland Police Officers and a Multnomah County Sheriff's Office Deputy. The officers directly involved in Chasse's custody were 39-year-old Sergeant Kyle Nice, a 14-year veteran of the Bureau, 31-year-old Officer Christopher Humphreys, a 7-year veteran of the Bureau and 26-year-old Deputy Brett Burton, a two-year veteran with the Sheriff's office.

-----Original Message-----

From: Grant, Merry C.
Sent: Tuesday, September 19, 2006 1:39 PM
To: Stevens, Leslie
Subject: RE: In custody death investigation

I will -

Merry Grant
Administrative Supervisor I
Portland Police Bureau
Internal Affairs Division
823-0236
mgrant@portlandpolice.org

>>> Leslie Stevens 09/19/06 11:46AM >>>
Interesting you should ask. I still don't know. George Burke would. Can you ask him? Or should I?

-----Original Message-----

From: Grant, Merry C.
Sent: Tuesday, September 19, 2006 11:00 AM
To: Stevens, Leslie
Subject: Re: In custody death investigation

Who were the officers involved? -m

Merry Grant
Administrative Supervisor I
Portland Police Bureau
Internal Affairs Division
823-0236
mgrant@portlandpolice.org

par>>> Leslie Stevens 09/19/06 10:54AM >>>

Can IAD open their B (or U, whichever you are opening) case on this now, instead of waiting for the detective file, just so we have a place to put this information? Thanks. Leslie.

-----Original Message-----

From: Stevens, Leslie
Sent: Tuesday, September 19, 2006 10:52 AM
To: Burke, George
Subject: FW: A complaint/Marquez, Jamie/

As we talked about. I understand that you will get the information to the DA's office and the Detective working the case and I do not need to do that. Also, he filed another electronic complaint that is identical except he used the address: 522 SW Jackson St. Thanks. Leslie. Leslie Stevens Director Independent Police Review Division 1221 SW 4th Ave Room 320 Portland OR 97204 lstevens@ci.portland.or.us www.portlandonline.com/auditor/jpr (503) 823-0146

-----Original Message-----

From: SYSTEM@PTLDWEB02 [mailto:SYSTEM@PTLDWEB02]
Sent: Monday, September 18, 2006 8:32 PM
To: jpr@ci.portland.or.us
Subject: A complaint/Marquez, Jamie/

A complaint/commendation has been submitted:

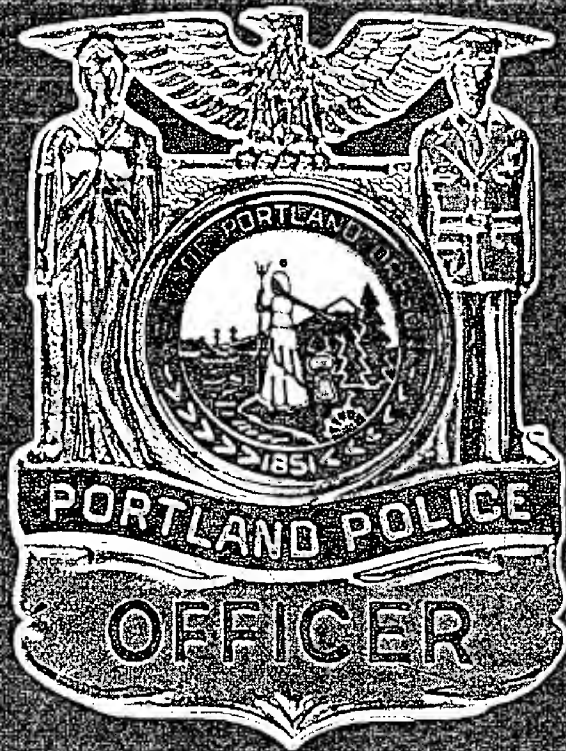
Type: Complaint
Name: jamie marquez
Date of Birth: 07/07/73
Gender: Male
Race/Ethnicity: [REDACTED]
Street: 4217 sw corbett ave
City: portland
State: or
Zip: 97239
Email: [REDACTED]
Home Phone:
Work Phone:
Cell Phone: 541 7297374
Message Phone:
Third Party?: No
Third Party Info:
Currently Represented?: No
Attorney's Name:
Attorney's Phone:
Location of Incident: nw 13th and nw Everett
Date of Incident: 9/17/06
Time of Incident: 5:30 ; PM
Officers Involved: I did not get that information.

Witnesses: I can contact many witness's, but due to identity purposes, I will not disclose that here.

Description of Incident: Well, I was witness to the incident that happened to James Philip Chasse Jr, the so called "transient" that was beaten to death by Police and Sheriff staff. The Oregonian report says he died in the police car, but he actually was already dead on the street corner. The police officers on duty severely beat the man. Punching him in square in the face, and kicking him in the back of his skull. All the while, using a taser on him. They then hog tied him, and laughed about the incident with eachother, as the man lay there, unbreathing, and probably dead. An ambulance arrived on the scene, and at that time, the man finally came back to life. As he came to, he cried out to the ONLY female paramedic on the scene, "DONT LEAVE ME!" He was scared for his life. And he had every reason to be. He was going to die, in a matter of less than 1 hour. Extreme and violent force was used on this man, who had to weigh less than 140 pounds. I have a full document as to the events. And I will be filing an official complaint with the city.

CHASSE115242

In-Service 2005-06



- Portland Police Bureau
- Training Division
- Foot Pursuits

Foot Pursuit Defined

- Foot Pursuit:
- A pursuit on foot by officer(s) where constant visual contact is maintained at all times, and the suspect is readily capable of being apprehended by the pursuing officer(s)

Tactical Apprehension Strategies

Looking Back

Looking Back

Looking Back...Targeting

Change in Stride

Hand and Arm Movement

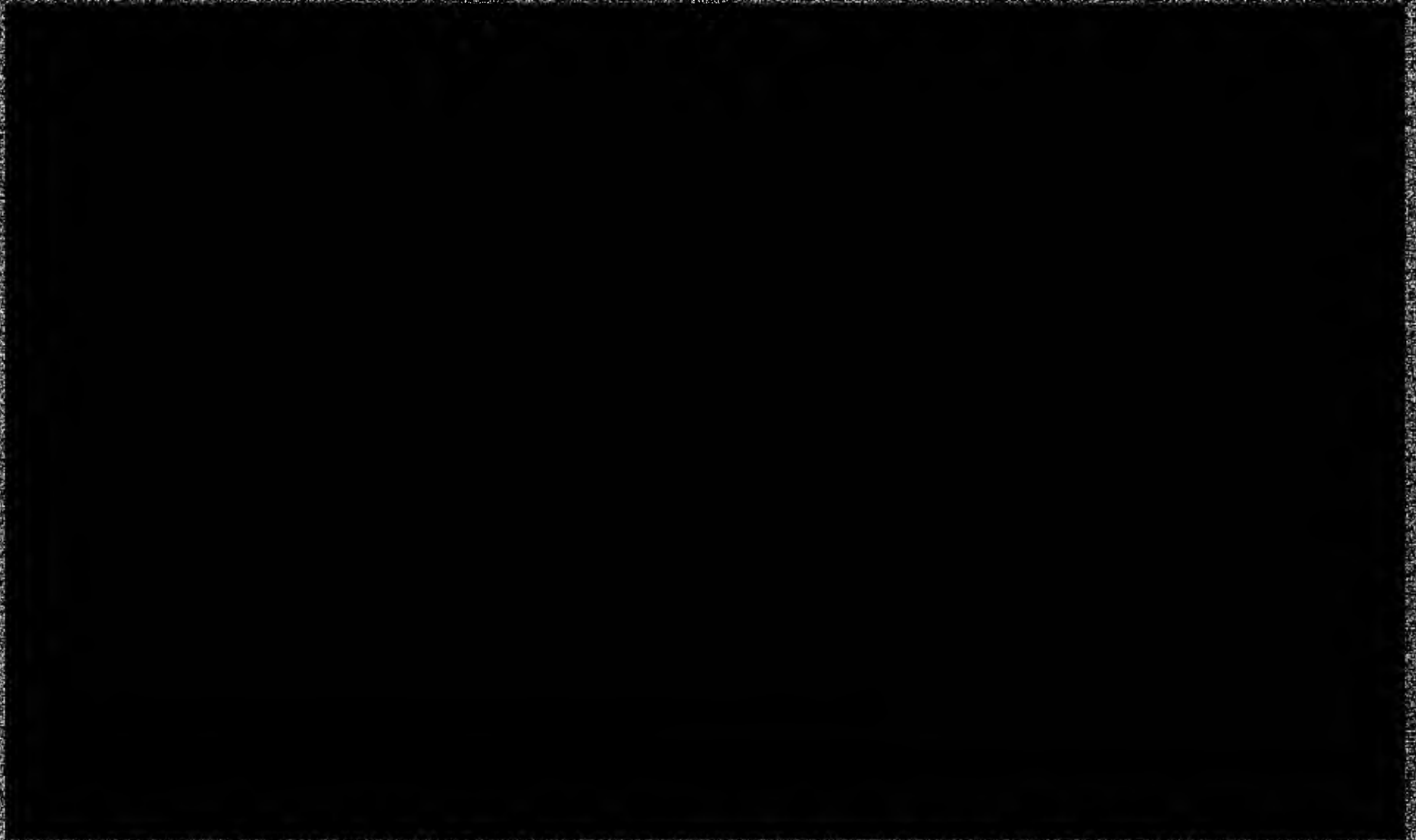
Arm Movement

Guarding

Examples of Guarding

Examples of Guarding

Pursuit Transition



Information

- When tactically feasible you should broadcast information on the following:
 - Direction of Travel
 - Suspect description
 - Any changes in circumstances
 - Suspect behavior

Corners



Pursuit Termination

- Foot pursuit should end when:

- Losing sight of the suspect

- Physical Termination

- Suspect surrenders

Losing Sight of the Subject



Physical Termination

- Use the correct technique
- Use correct custody procedures
- Avoid the “pile”

Subject Surrenders

- Possible assault tactic by the subject
- It's not over yet...stay in control
- Wait for assistance

Pursuit Restrictions

- Armed Suspects
- Pursuing with your weapon out
- Danger versus Public Safety

In-Service 2005-06



- Portland Police Bureau
- Training Division
- Foot Pursuits

MISCELLANEOUS
PPDS REPORTS - REFERENCE INFO
PPB / CAD REPORTS - REFERENCE INFO
CHRONOLOGICAL RECORDS
RIGHTS WAIVER FORMS
INTERVIEW NOTICES
INTERVIEW QUESTIONS

PPB (Nice/Humphreys) 06-B-16

STANDARD
2-13-84
ASSEMBLED IN MEXICO

CHRONOLOGICAL RECORD

IAD # 06b0016

Date Complaint Received: 09/19/2006	Complainant: Portland Police Bureau	Sergeant Assigned: Barkley/ Rodrigues
DATE / TIME	ACTION	
11/14/2006	Case assigned by Lieutenant Jay Drum #9809	
	<i>IAD waited for criminal case notebook</i>	
12/20/2006	Divisional Meeting: IAD, Detectives & Training	
04/13/2007	10 week letters mailed to complainants: Marquez, Stuart & Doolan	
05/22/2007	Interviewed Dr. Karen Gunson, M.E.	
06/06/2007	Interviewed Ms. Tami Hergert , paramedic	
06/06/2007	Interviewed Mr. Kevin Stucker , paramedic	
06/21/2007	Interviewed Dr. Karen Gunson, M.E.	
07/24/2007	Spoke with Ms. Susan Dunaway , Multnomah County counsel re: interviewing M.C.D.C. Deputy Hollenbeck . Dunaway advised Hollenbeck would not be allowed to be interviewed until after civil depositions the first week in September	
07/24/2007	Discussed the Multnomah County issues with Stephanie Harper , Deputy City Attorney	
09/04/2007	Left a message for Susan Dunaway to confirm Deputy Hollenbeck would be available to be interviewed next week	
09/05/2007	Susan Dunaway left a message: depositions re-set to January 2008 and Deputy Hollenbeck would not be interviewed until after depositions	
09/06/2007 at 0830 hours	I called Susan Dunaway . She advised that Deputy Hollenbeck and Deputy Burton would not be interviewed and that Jim Rice , Portland Deputy City Attorney has the same position regarding PPB officers <i>not</i> being interviewed	
09/06/2007 at 0915 hours	Discussed situation regarding positions of Multnomah County and City of Portland attorneys with Sergeant Rodrigues and Captain Tellis	
09/06/2007 at 1050 hours	Susan Dunaway called. She advised she talked with Jim Rice , Deputy City Attorney, who agreed that no one from Multnomah County and City of Portland would be interviewed until after depositions in January 2008	
09/06/2007 at 1300 hours	Meeting in IAD with me, Sergeant Rodrigues , Captain Tellis , Lieutenant Famous and Dave Woboril , Deputy City Attorney. <i>Opinion:</i> Sergeant Nice and Officer Humphreys should be interviewed, and IAD investigation then on hold to interview Burton and Hollenbeck	
09/13/2007	Following a City and County meeting, Captain Tellis advised IAD investigation was on hold and would continue after civil depositions in January 2008	
09/24/2007 at 1030 hours	Met with Captain Tellis and A/C Rod Beard --- A/C Beard stated no interviews to be conducted (Hollenbeck , Burton , Nice or Humphreys)	

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	until after civil depositions in January 2008

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July 17, 2007

Proposed Questions for Multnomah County Detention Center Deputy Thomas Hollenbeck #38036, Witness

IN-CUSTODY DEATH

I.A.D. Case #2006-B-0016

- ❖ *Deputy Hollenbeck reviewed related documents, specifically his Multnomah County Sheriff's Office "Information Report" and P.P.B. "Special Report"*
- ❖ *Obtain copy of notebook and/or related documents involving this incident*

Regarding the in-custody death of **Mr. James Chasse** on **Sunday, 09/17/2006 at 1904 hours**:

1. Please provide the background of your law enforcement experience, including employment on **Sunday, 09/17/2006**
2. On **Sunday, 09/17/2006**, please explain your duties and responsibilities at the Multnomah County Detention Center
3. On **Sunday, 09/17/2006**, please explain the circumstances involving **Mr. Chasse**
4. Considering that a call had been made by a Portland Police Bureau officer to M.C.D.C. requesting assistance with **Mr. Chasse** prior to their arrival, what was your understanding of the circumstances
5. Were any Multnomah County Sheriff deputies present in the sally port when **Officer Humphreys, Deputy Burton and Mr. Chasse** arrived
 - ❖ If not, do you recall how long **Mr. Chasse** was in the sally port with **Officer Humphreys and Deputy Burton** prior to the first Multnomah County Sheriff's deputy/deputies arrived in the sally port
6. What was your location when **Mr. Chasse** arrived in the sally port
7. Please describe your role and involvement with **Mr. Chasse** from the time he arrived until he was transported from M.C.D.C.
8. *Did you observe or are you aware of any officer or deputy use physical force directed at Mr. Chasse*
 - ❖ If so, please describe the physical force used and by officer(s) and/or deputy (ies)

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CHASSE115267

- ❖ If so, did you observe or are you aware of "broad, blunt force" used on **Mr. Chasse**; i.e., jumping or falling or knee dropping upon his chest, back or side

Referring to your "INFORMATION REPORT" submitted on **Sunday, 09/17/2006**, please clarify the following comments:

9. When you arrived in the sally port, you wrote:
"Chasse was sitting in the back of their car with his hands cuffed behind his back and his ankles secured with a nylon hobble restraint".
 - ❖ Did you observe **Mr. Chasse** fall onto the rear floor of the police vehicle
10. You wrote:
"The PPB officer unhooked Chasse's seatbelt and McElhaney started helping Chasse get his feet out of the right side of the car".
"McElhaney, Hubert and the M.C.S.O. Deputy *pulled* Chasse from the car because he was not complying with their orders".
 - ❖ What were the orders that **Mr. Chasse** did *not* comply with
 - ❖ When **Mr. Chasse** was "*pulled*" from the police vehicle, was he ever dropped and/or physically forced to the ground
11. You wrote:
"Once out of the car McElhaney, Hubert, the MCSO Deputy and I carried Chasse into an isolation cell and placed him on the ground".
 - ❖ How was **Mr. Chasse** carried
 - ❖ Was **Mr. Chasse** ever dropped and/or physically forced to the ground
12. You wrote:
"While carrying Chasse in he was yelling and kicking at us".
 - ❖ What was **Mr. Chasse** yelling
 - ❖ At any time did **Mr. Chasse** ever complain about being in pain or any injuries
13. You wrote:
"Medical was called to look at Chasse".
 - ❖ Why was medical called to examine **Mr. Chasse**
 - ❖ What did you observe in the way of any medical needs by **Mr. Chasse**
14. You wrote *after* **Mr. Chasse** was removed from the cell and carried to the police vehicle:
"Chasse rolled off the seat onto the floor and the PPB officer picked him up and placed him on the seat".

- ❖ Was **Mr. Chasse** in a sitting or lying position *prior* to rolling to the floor
 - ❖ In what manner did **Mr. Chasse** “roll off the seat onto the floor”
 - ❖ What area of **Mr. Chasse’s** body struck the vehicle floor
 - ❖ How hard did **Mr. Chasse** strike the floor
 - ❖ *If four officers and deputies were required to carry Mr. Chasse to and from booking while he yelled and struggled, how was “one” PPB officer able to re-position him from the floor to the seat*
15. Please describe **Mr. Chasse’s** demeanor and behavior from the time he arrived at M.C.D.C. until he was transported from M.C.D.C.
 16. Please describe **Officer Humphreys’, Deputy Burton’s and M.C.D.C. deputies’** demeanor and behavior from the time **Mr. Chasse** arrived at M.C.D.C. until he was transported from M.C.D.C.
 17. Is there anything you wish to add, clarify and/or produce regarding the in-custody death of **Mr. Chasse**
 18. Is there anything the union would care to address

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August 7, 2007

Proposed Questions for Officer (Deputy) Bret Burton #43860, Witness

IN-CUSTODY DEATH

I.A.D. Case #2006-B-0016

- ❖ *Officer Burton- reviewed related documents, specifically his transcribed statement with Detectives*
 - ❖ *Obtain copy of notebook and/or related documents involving this incident*
 - ❖ *FIRST, OFFICER BRET BURTON IS CURRENTLY A POLICE OFFICER EMPLOYED WITH THE PORTLAND POLICE BUREAU. HOWEVER, ON SUNDAY, 09/17/2006 WAS EMPLOYED AS A DEPUTY WITH THE MULTNOMAH COUNTY SHERIFF'S OFFICE AND ASSIGNED TO THE TRANSIT POLICE DIVISION. OFFICER BURTON WAS ASSIGNED AS A PARTNER WITH PORTLAND POLICE BUREAU OFFICER CHRISTOPHER HUMPHREYS #32784*
1. Please provide your background information related to law enforcement experience *prior to* and *with* the Portland Police Bureau
 - ❖ *Hired*
 - ❖ *On 09/17/2006 were you (CIT) Crisis Intervention Team/trained*
 2. Prior to 09/17/2006 had you received any specific training related to identification of persons who are mentally ill and/or suffering from mental disorders
 3. Prior to 09/17/2006 had you received any specific training related to identification of persons who are under the influence of alcohol and/or drugs
 4. On **Sunday, 09/17/2006** what was your assignment
 - ❖ *Who were you assign to work with*
 - ❖ *Were you driving and Officer Humphreys the passenger*
 5. Please explain what occurred at **N.W. Everett Street and 18th Avenue** involving Sergeant Nice's intoxicated subject and **Mr. Chasse**
 - ❖ *Did you observe Mr. Chasse near your location*
(Page 7 of transcription) You stated you and Officer Humphreys observed Mr. Chasse standing on the northwest corner of N.W. Everett and 18th "shuffling and acting peculiar".

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CHASSE115271

- ❖ What did you and **Officer Humphreys** discuss with each other regarding **Mr. Chasse** from the time you initially observed him to the time you cleared covering **Sergeant Nice**
 - ❖ What did you and/or **Officer Humphreys** discuss with **Sergeant Nice** regarding **Mr. Chasse** from the time you initially observed him to the time you cleared covering **Sergeant Nice**
 - ❖ What did you and **Officer Humphreys** discuss with each other regarding **Mr. Chasse** after he had left the location, quickly walking east bound along the south side walk of N.W. Everett Street
6. What was so "peculiar" about **Mr. Chasse** that caused you to want to contact him
 7. Given **Mr. Chasse's** "peculiar" behavior, has the described behavior caused you to contact other individuals exhibiting similar behavior
 8. When did you and **Officer Humphreys** decide to contact **Mr. Chasse**
 9. Please explain your *reasoning, perceptions and thoughts* regarding why you wanted to contact **Mr. Chasse**
 10. At the time you cleared N.W. Everett and 18th Avenue, what was your *legal justification* to contact **Mr. Chasse**
(*Pages 7-8 of transcription*) You stated Mr. Chasse's reaction to your presence raised your suspicions. You stated you intended to inquiry as to what he was doing, run a computer check and possibly transport him to Detox
 - Reasonable suspicion
 - Probable cause
 - Mere conversation
 - Community caretaking
 11. Please explain what occurred involving **Mr. Chasse** in the 1300 block of N.W. Everett Street
 - ❖ Why did you *not* advise B.O.E.C. that you would be contacting **Mr. Chasse**
 - ❖ Where did you park your police vehicle
 - ❖ As you arrived, what exactly did you observe **Mr. Chasse** doing
(*Page 9 of transcription*) You stated Mr. Chasse was standing near a tree, "sorta bent over"; either had something in his hand or touching his pants or attempting to get rid of something.
 - Was **Mr. Chasse** facing toward or away from you
 - Based upon your observations, please explain exactly what you thought or perceived **Mr. Chasse** was doing
 - Did you believe **Mr. Chasse** was committing or about to commit a crime at the time
 - What crime
 - Did you believe **Mr. Chasse** was either urinating or exposing himself

- ❖ What if anything, did you say to **Mr. Chasse** *prior to and while* chasing him
- ❖ What if anything, did **Officer Humphreys** say to **Mr. Chasse** *prior to and while* chasing him
- ❖ Please estimate the distance **Mr. Chasse** ran *prior to* **Officer Humphreys** forcing him to the ground
- ❖ Please describe the manner in which **Mr. Chasse** ran, i.e.: jogged, sprinted ...
- ❖ Please describe the manner in which **you and Officer Humphreys** ran, i.e.: jogged, sprinted ...

12. Please explain why you and Officer Humphreys chased **Mr. Chasse** east bound on the south sidewalk of N.W. Everett Street towards 13th Avenue

- ❖ What was the *legal justification* of the foot chase
(*Reasonable Suspicion / Probable Cause that a person committed or about to commit a crime or violation*)
(*Pages 41-42 of transcription*) *You were asked about your reasoning regarding the foot pursuit and responded:*
 - "... we noticed his peculiar behavior. His shuffling, gesturing, um maybe talking to no one...";
 - "...you know community care taking...";
 - "...if they're intoxicated or if they're mentally ill...";
 - "... does he have an outstanding warrant for something...";
 - "...we're concerned both as far as welfare check. Does he need to go to detox.";
 - "Is he ditching uh, some sort of evidence of drug possession or something like that or alcohol by that tree to avoid um, to avoid any sort of criminal charges."
- ❖ Why did you *not* advise B.O.E.C. that you were in foot pursuit of **Mr. Chasse**
- ❖ Please explain if you believed the foot chase was within the Portland Police Bureau guidelines established in the Manual of Policy and Procedure
- ❖ Please explain if the foot pursuit of **Mr. Chasse** was consistent with established guidelines of the Training Division

DIRECTIVE 820.00: ARREST

FRESH PURSUIT: "If a member is in fresh pursuit of a person whom the member has seen commit an offense, or has probable cause to arrest pursuant to ORS 133.310(A)..."

DIRECTIVE 630.15: FOOT PURSUITS

Published as an EXECUTIVE ORDER on 07/13/2006

Published in 2007 Manual Policy and Procedure

Deciding Whether to Pursue: "A sworn member has the authority to stop any person reasonably suspected of having committed or is about to commit a crime, violation or traffic violation".

13. Please describe the manner and technique utilized by **Officer Humphreys** to "force" **Mr. Chasse** to the ground

(Page 9 of transcription) You stated "As we approached 13th on the west side of 13th we were able to close the distance and Officer Humphreys was able to uh, force the guy to the ground".

(Page 39 of transcription) You stated Officer Humphreys used his "body weight to knock to the ground"; "maybe a push to force the guy to the ground"; "I don't know if he (Officer Humphreys) landed on top of him (Mr. Chasse)"

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(5.-B.) "Pursuing officer(s) may have the opportunity to employ the defensive tactic of pushing the subject to the ground and allowing them to physically terminate the foot pursuit in its early stages".

14. Did **Officer Humphreys** "tackle" or "push" **Mr. Chasse** to the ground
(Sergeant Nice described as a "tackle" with both arms wrapped around Mr. Chasse's chest/back areas)
15. If **Mr. Chasse** was tackled, opposed to pushed:
- ❖ Please describe the manner in which **Mr. Chasse** was "tackled" by **Officer Humphreys**
 - ❖ Did **Mr. Chasse** fall onto the sidewalk or in the street at 13th Avenue
16. Please describe how **Mr. Chasse** landed
- Front, back or side (left or right)
17. Please describe how **Officer Humphreys** landed
- Front, back or side (left or right)
18. Please describe if and how **Officer Humphreys** landed on **Mr. Chasse**
(Page 19 of transcription) Sergeant Nice described Officer Humphreys wrapping both arms around Mr. Chasse's "mid-chest, mid-back" area and Officer Humphreys landed "slightly off of the subject (Mr. Chasse)".
19. How long was **Officer Humphreys** on top of **Mr. Chasse**
20. Please describe what occurred after **Mr. Chasse** and **Officer Humphreys** fell to the ground

21. Please describe **Mr. Chasse's** behavior/*demeanor* from the time he was tackled to the ground and he was transported to the Multnomah County Detention Center
(Page 10 of transcription) You described Mr. Chasse as being "combative", "incredibly flexible", "pulling away, kicking", "screaming" and "pants were covered in urine"
22. What did **Mr. Chasse** say from the time he was tackled to the ground and he was transported to the Multnomah County Detention Center, besides grunting and screaming
23. Please describe **your** behavior/*demeanor* from the time **Mr. Chasse** was tackled to the ground and he was transported to the Multnomah County Detention Center
24. What did **you** say to **Mr. Chasse** from the time he was tackled to the ground and he was transported to the Multnomah County Detention Center
25. Please describe **Officer Humphreys'** behavior/*demeanor* from the time **Mr. Chasse** was tackled to the ground and he was transported to the Multnomah County Detention Center
26. What did **Officer Humphreys** say to **Mr. Chasse** from the time he was tackled to the ground and he was transported to the Multnomah County Detention Center
27. Please describe **Sergeant Nice's** behavior/*demeanor* from the time **Mr. Chasse** was tackled to the ground and he was transported to the Multnomah County Detention Center
28. What did **Sergeant Nice** say to **Mr. Chasse** from the time he was tackled to the ground and he was transported to the Multnomah County Detention Center
29. Did you observe **Mr. Chasse** bite or attempt to bite any officers present
(Page 6 of transcription) Sergeant Nice stated that he grabbed Mr. Chasse's left wrist/elbow in an arm bar and pinned him to the ground. Mr. Chasse bit him in the right calf. Sergeant Nice's right leg was at Mr. Chasse's left arm pit area
 - ❖ Please describe
30. Please describe any and all physical force used by any officers directed at **Mr. Chasse** that you observed or heard of being used
 - ❖ **Officer Burton:**
 - Taser drive stun to upper leg or buttock---how many cycles
 - Mr. Chasse given verbal warnings regarding the taser
 - Punched Mr. Chasse's once or more in the back---where on the back
 - Used right index finger knuckle for pain compliance in the ribs---actually where
(Pages 10-11 of transcription) Statements regarding taser, punching and pain compliance
 - ❖ **Officer Humphreys:**
 - Struck Mr. Chasse once or twice in the face

❖ **Sergeant Nice:**

- Did you observe Sergeant Nice strike Mr. Chasse with a "closed fist" in the shoulder/head area

(Page 15 of Officer Humphreys' transcription) Officer Humphreys stated "... I see Sergeant Nice, uh, strike one time, one time with a closed fist. Um, I didn't actually see where it landed but it was up in the shoulder/head area".

- Arm bar
- Kicked Mr. Chasse in the upper chest
- Was the kick hard enough to fracture Mr. Chasse's upper chest area
- Kneeling on Mr. Chasse's back

(Page 8 of transcription) Sergeant Nice stated "I looked down and he had rolled up on his side again and had gotten a hold of the cuff of my right pant leg with his teeth again. I pulled my right foot back and kicked him in the upper chest". Also, Sergeant Nice stated he applied pressure to Mr. Chasse's back shoulder blade area by kneeling on him.

31. Did you either observe or hear of any officer who caused broad based blunt force trauma to Mr. Chasse

❖ *Falling or jumping onto him, dropping him onto the ground or back seat of the police vehicle ...*

32. When you were interviewed by Detectives, you stated that you believed Mr. Chasse was under the influence of drugs. Why did you feel Mr. Chasse's behavior was related to illegal drugs opposed to mental illness

33. Who handcuffed Mr. Chasse

34. Who placed the hobble on Mr. Chasse

35. Exactly how was the hobble applied and secured

36. Who searched Mr. Chasse

37. What position was Mr. Chasse placed--- on his side, back or stomach

❖ *POSITIONAL ASPHYXIA*

38. What symptoms were exhibited by Mr. Chasse that caused Code 3 medical to be requested

39. Please describe Mr. Chasse's behavior/demeanor from the time medical was requested until medical left the location

40. Please provide the timeline regarding when medical was requested---was Mr. Chasse in-custody, handcuffed and hobbled; did Portland Fire Bureau or AMR arrive first

41. How soon after medical was requested did you observe Mr. Chasse breathing again

42. Did Mr. Chasse remain handcuffed and hobbled when checked by medical personnel

43. Did any officers provide any type of medical assistance to **Mr. Chasse** prior to medical arriving
44. Was **Mr. Chasse's** medical condition continuously monitored by officers at the location
45. Was **Mr. Chasse** ever left alone
46. Did you or any officer advise the medical responders of the physical force used on **Mr. Chasse** and the circumstances involving **Mr. Chasse** with regards to being tackled and possible associated injuries, i.e. head injury, chest injury ...

❖ **If not, why not**

(Page 15 of transcription) You stated "... Sergeant Nice radioed for Code 3 medical to respond because it looked like he was unconscious and we weren't sure if he was breathing or to what extent he was injured ..."

47. Did any on-scene medical personnel advise you or any officers that **Mr. Chasse** should be transported to a hospital
48. What medical opinion(s) were communicated to you or other officers present regarding **Mr. Chasse's** vital signs and/or potential medical/mental health conditions
49. Following **Mr. Chasse** being medically checked and determined to be medically stationary, what specific criminal charges were the basis for transporting him to M.C.D.C.
50. Did AMR and Portland Fire Bureau personnel clear the location prior to or following **Mr. Chasse** being carried to the police vehicle
51. Which officers carried **Mr. Chasse** to the police vehicle
52. Was **Mr. Chasse** carried from N.W. 13th Avenue, west to your police vehicle which was parked mid-block between 13th Avenue and 14th Avenue
(Page 21 of transcription) You stated that Mr. Chasse was carried from 13th Avenue to your police vehicle parked "mid-block 13th and 14th"

❖ Why was **Mr. Chasse** carried a half of block *opposed* to driving the police vehicle to his location

53. Please describe the manner in which **Mr. Chasse** was carried to the police vehicle, given he was handcuffed and hobbled
 - ❖ Which officers carried **Mr. Chasse**
 - ❖ Which officers carried **Mr. Chasse** by the arms and legs
54. Given **Mr. Chasse** was in maximum restraint, please describe the manner in which **Mr. Chasse** was placed in the police vehicle
 - ❖ Was **Mr. Chasse** laid onto the backseat or possibly dropped onto the back seat or floor
 - ❖ Given that **Mr. Chasse** was handcuffed with the hobble attached through the handcuffs, how was he positioned and seat belted to prevent **POSITIONAL ASPHYXIA**

55. Was **Mr. Chasse** monitored while being transported to M.C.D.C.--- position and health condition
56. While **Mr. Chasse** was transported to M.C.D.C., please describe his behavior/demeanor
57. At this point in time, did **Mr. Chasse** ever complain of injuries
58. Please explain why you called M.C.D.C. and requested assistance and a spit hood when you arrived
59. Did you drive **Mr. Chasse** directly to M.C.D.C. without stopping
60. When you arrived at M.C.D.C., were the M.C.D.C. deputies outside in the sally port waiting
- ❖ If not, how long were you in the sally port prior to M.C.D.C. deputies arriving
61. Please describe how **Mr. Chasse** was removed from the police vehicle
- ❖ Who removed him
 - ❖ Since you did not assist with the actual removal of **Mr. Chasse**, were you able to observe what occurred
 - ❖ How did **Mr. Chasse** strike his head on the door frame
(Page 24 of transcript) Reference to **Mr. Chasse** striking his head
 - ❖ Did any of the law enforcement personnel cause **Mr. Chasse** to strike his head
 - ❖ Which part of **Mr. Chasse's** head struck the door frame
 - ❖ Was **Mr. Chasse** ever dropped to the concrete floor in the sally port
62. While in the sally port, was any type of physical force used by anyone, including M.C.D.C. deputies, directed towards **Mr. Chasse**
63. Please describe the manner in which **Mr. Chasse** was carried to the intake isolation room, given he was handcuffed and hobbled
64. At the time, did **Mr. Chasse** ever complain of any type of injuries
65. Please describe what occurred while **Mr. Chasse** was in the intake isolation cell
- ❖ What did **Mr. Chasse** say
 - ❖ Who was present in the cell
66. Please describe the circumstances regarding **Mr. Chasse** becoming "unconscious" in the cell and how long he was unconscious
(Page 24 of transcription)
- ❖ Was **Mr. Chasse** breathing
67. Please explain what medical attention was provided for **Mr. Chasse**
- ❖ Officers
 - ❖ Nurses--- 2
 - ❖ Did any medically trained personnel ever physically examine **Mr. Chasse**

68. When M.C.D.C. personnel decided that they would not accept **Mr. Chasse** because he would need to be medically examined, did anyone recommend or suggest requesting an ambulance to M.C.D.C.
69. Given that **Mr. Chasse** had become unconscious twice, first at N.W. 13th Avenue and Everett Street and then a second time at M.C.D.C., did you consider requesting medical to M.C.D.C.
- ❖ If not, why not
70. Please describe how **Mr. Chasse** was re-handcuffed and leg chains applied
71. If **Mr. Chasse** was able to walk while being handcuffed with leg chains, *why* was he carried from the cell to the police vehicle
(Page 25 of transcription) You stated "... he's able to walk".
72. Please describe the position **Mr. Chasse** was placed in the back seat
- ❖ Did the position prevent POSITIONAL ASPHYXIA
 - ❖ Was **Mr. Chasse** seat belted
(Pages 33-34 of transcription) You stated you did not recall Mr. Chasse being seat belted and he remained on his back right side
73. Besides the physical force you have described was used and directed towards **Mr. Chasse** already, *between the time in the sally port and when you transported Mr. Chasse from M.C.D.C.*, was any other type of physical force used by anyone directed towards him
74. Please describe **Mr. Chasse's** overall behavior/demeanor, *between the time at N.W. Everett Street and 13th Avenue and N.E. 33rd Avenue and Clackamas Street*
75. Please describe **your** overall behavior/demeanor towards **Mr. Chasse**, *between the time at N.W. Everett Street and 13th Avenue and N.E. 33rd Avenue and Clackamas Street*
76. Please describe **Officer Humphreys'** overall behavior/demeanor towards **Mr. Chasse**, *between the time at N.W. Everett Street and 13th Avenue and N.E. 33rd Avenue and Clackamas Street*
77. Please describe the **Multnomah County M.C.D.C. personnel's** behavior/demeanor towards **Mr. Chasse**, *between the time in the sally port and when you transported him from M.C.D.C.*
78. Besides what you have explain already, *between the time in the sally port and when you transported Mr. Chasse from M.C.D.C.*, what else was said by **Mr. Chasse**
79. *Between the time in the sally port and when you transported Mr. Chasse from M.C.D.C.*, did **Mr. Chasse** ever complain of any type of injuries
80. After you left M.C.D.C. and spoke with Sergeant Gonzalez at the top of the ramp, did you stop prior to N.E. 33rd Avenue and Clackamas Street
81. Since you were driving, did **Officer Humphreys** monitor **Mr. Chasse's** physical condition
82. What occurred on I-84 regarding **Mr. Chasse's** health condition

83. Describe what occurred after you stopped the police vehicle at N.E. 33rd Avenue and Clackamas Street

(Page 31 of transcription) You described Mr. Chasse as not breathing, turning blue, no pulse; Deputy Burton: requested CODE 3 medical; removed handcuffs; Officer Humphreys: chest compressions; Deputy Burton: checked airway and removed blood from Mr. Chasse mouth via his finger; Officer Humphreys requested medical "to step it up"; neither Deputy Burton nor Officer Humphreys were able to locate a breathing mask; a neighbor provided a DEFIBRILLATOR

❖ Was the defibrillator ever deployed

❖ Did the Portland Fire Bureau arrive first and then A.M.R.

84. What did you and **Officer Humphreys** discuss between the time medical arrived and Detectives arrived at the scene

85. Did you and **Officer Humphreys** discuss what should be told to Detectives

86. Did you and **Officer Humphreys** discuss the circumstances involving **Mr. Chasse** prior to the Grand Jury

87. Did you observe or hear of any actions by officers who were present that caused you any concerns or violated Portland Police Bureau policy and procedure, including training guidelines

88. Is there anything you wish to add, clarify and/or produce regarding the in-custody death of **Mr. Chasse**

89. Is there anything the Portland Police Association would care to address

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July 26, 2007

Proposed Questions for Sergeant Kyle Nice #26853, Suspect

IN-CUSTODY DEATH

I.A.D. Case #2006-B-0016

- ❖ *Sergeant Nice- reviewed related documents, specifically his transcribed statement with Detectives*
- ❖ *Obtain copy of notebook and/or related documents involving this incident*

1. Please provide your background information related to law enforcement experience prior to and with the Portland Police Bureau
 - ❖ *Hired, promoted and assignments*
2. On **Sunday, 09/17/2006** what was your assignment and responsibilities
3. On **09/17/2006** were you (CIT) Crisis Intervention Team trained
4. Prior to **09/17/2006** had you received any specific training related to identification of persons who were mentally ill and/or suffering from mental disorders
5. Prior to **09/17/2006** had you received any specific training related to identification of persons who were under the influence of alcohol and/or drugs
6. Please explain what initially occurred at **N.W. Everett Street and 18th Avenue**
 - ❖ *Did you observe Mr. Chasse near your location*
 - ❖ *What observation did you make of Mr. Chasse's behavior*
 - ❖ *(Page 5 of transcription) You stated "I don't know if he (Chasse) was coming this way and ran but I'm assuming since we saw him (Chasse) up at 18th, that he (Chasse) was continuing east bound the entire time".--- "we" indicates you observed Mr. Chasse at N.W. 18th Avenue and Everett Street*
7. Did **Officer Humphreys** and/or **Deputy Burton** discuss or saying anything at the location regarding **Mr. Chasse**
 - ❖ *(Page 3 of transcription) You stated "They (Officer Humphreys and Deputy Burton) pulled to the curb to talk to this subject. I'm assuming it was the subject they saw earlier".---Officer Humphreys and/or Deputy Burton must have said something to Sergeant Nice regarding Mr. Chasse*

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Police Information Line: 503-823-4636, TTY (for hearing and speech impaired): 503-823-4736 Website: <http://www.portlandpolicebureau.com>

CHASSE115282

8. Please explain what occurred involving **Mr. Chasse** in the 1300 block of N.W.

Everett Street

- ❖ Did both **Officer Humphreys** and **Deputy Burton** chase **Mr. Chasse**
- ❖ Did you hear **Officer Humphreys** and/or **Deputy Burton** say anything to **Mr. Chasse** prior to **Officer Humphreys** tackling him
- ❖ Please estimate the distance **Mr. Chasse** ran prior to **Officer Humphreys** tackling him
- ❖ Please describe the manner in which **Mr. Chasse** ran, i.e.: jogged, sprinted
- ...
- ❖ Please describe the manner in which **Officer Humphreys** ran, i.e.: jogged, sprinted...

9. As you observed **Mr. Chasse** being chased east bound on the south sidewalk of N.W. Everett Street towards 13th Avenue, what was your understanding as to why **Mr. Chasse** was being pursued

10. Why did you engage in the foot pursuit of **Mr. Chasse**

11. Neither **Officer Humphreys** or **Deputy Burton** advised B.O.E.C. that they were about to contact **Mr. Chasse**, why did you *not* advise B.O.E.C. that you, **Officer Humphreys** and **Deputy Burton** were in foot pursuit of **Mr. Chasse**

12. As the foot chase began, were you aware at the time of the legal justification of the foot chase

(Reasonable Suspicion / Probable Cause that a person committed or was about to commit a crime or violation)

13. As the foot chase began and continued, did you believe the foot chase was within the Portland Police Bureau guidelines established in the Manual of Policy and Procedure

DIRECTIVE 820.00: ARREST

FRESH PURSUIT: "If a member is in fresh pursuit of a person whom the member has seen commit an offense, or has probable cause to arrest pursuant to ORS 133.310(A)..."

DIRECTIVE 630.15: FOOT PURSUITS

Published as an EXECUTIVE ORDER on 07/13/2006

Published in 2007 Manual Policy and Procedure

Deciding Whether to Pursue: "A sworn member has the authority to stop any person reasonably suspected of having committed or is about to commit a crime, violation or traffic violation".

IN-SERVICE 2005-2006

(5.-B.) "Pursuing officer(s) may have the opportunity to employ the defensive tactic of pushing the subject to the ground and allowing them to physically terminate the foot pursuit in its early stages".

14. Regarding the legal basis for pursuing **Mr. Chasse**, please explain *when*, *what* and by *whom* you were advised of the reasoning.
15. Please explain if you believe the foot pursuit of **Mr. Chasse** was consistent with established guidelines of the Training Division
16. Describe the manner in which **Mr. Chasse** was "forced" to the ground
 - ❖ Tackled or pushed
 - ❖ Describe how **Mr. Chasse** was tackled
17. Did **Mr. Chasse** fall onto the sidewalk or in the street at 13th Avenue
18. Please describe how **Mr. Chasse** landed
 - Front, back or side (left or right)
19. Please describe how **Officer Humphreys** landed
 - Front, back or side (left or right)
20. Please describe if and how **Officer Humphreys** landed on **Mr. Chasse**
(Page 19 of transcription) Sergeant Nice described **Officer Humphreys** wrapping both arms around **Mr. Chasse's** "mid-chest, mid-back" area and **Officer Humphreys** landed "slightly off of the subject (**Mr. Chasse**)".
(Page 4 of transcription) Sergeant Nice described: **Mr. Chasse** was at the mid-block between 13th and 14th Avenues on the south sidewalk when **Officer Humphreys** and **Deputy Burton** pulled to the curb and **Mr. Chasse** ran east bound after seeing the officers. You stopped at 13th Avenue, exited your police vehicle and **Officer Humphreys** "tackled" **Mr. Chasse**
21. Please describe what occurred after **Mr. Chasse** and **Officer Humphreys** fell to the ground
22. How long was **Officer Humphreys** on top of **Mr. Chasse**
(Page 7 of transcription) You stated "He, when he was tackled, he put his arms out to catch himself. Um, both arms were out almost straight. **Officer Humphreys** was on his back."
23. While **Mr. Chasse** was lying on his stomach and you had his left arm in an arm bar, how was **Mr. Chasse** able to bite you in the right calf
(Page 6 of transcription) You stated that you grabbed **Mr. Chasse's** left wrist/elbow in an arm bar and pinned him to the ground. **Mr. Chasse** bit you in the right calf. Sergeant Nice's right leg was at **Mr. Chasse's** left arm pit area
 - ❖ When **Mr. Chasse** bit you, did the bite break your skin

- ❖ What was your reaction to **Mr. Chasse** biting you
(Page 15 of **OFFICER HUMPHREYS** transcription) Officer Humphreys stated "And uh, Sergeant Nice is kinda up above and um, I don't see Mr. Chasse's head, but I see Sergeant Nice uh, **strike one time, one time with a closed fist**. Um, I didn't actually see where it landed but it was up in the **shoulder/head area**. And he's yelling you know, stop bite, biting."
 - ❖ Please describe any additional biting by **Mr. Chasse**
 - ❖ What was **Officer Humphreys** doing at this time
 - ❖ What was **Deputy Burton** doing at this time
 - ❖ Who handcuffed **Mr. Chasse**
 - ❖ Who placed the hobble on **Mr. Chasse**
 - ❖ Exactly how was the hobble applied
 - ❖ Who searched **Mr. Chasse**
24. Please describe any and all physical force used by any officers directed at **Mr. Chasse** that you engaged, observed or heard of being used
- ❖ **Officer Burton:**
 - Taser drive stun to upper leg or buttock---how many cycles
 - Mr. Chasse given verbal warnings regarding the taser
 - Punched Mr. Chasse's once or more in the back---where on the back
 - Used right index finger knuckle for pain compliance in the ribs---actually where(Pages 10-11 of transcription) Statements regarding taser, punching and pain compliance
(Page 11 of transcription) Sergeant Nice stated that **Deputy Burton** utilized a taser drive stun on **Mr. Chasse's** upper leg/buttocks area.
 - ❖ **Officer Humphreys:**
 - Struck Mr. Chasse once or twice in the face(Page 11 of transcription) Sergeant Nice stated he observed **Officer Humphreys** strike **Mr. Chasse** once or twice in the face because **Mr. Chasse** attempted to bite **Officer Humphreys**.
 - ❖ **Sergeant Nice:**
 - Strike Mr. Chasse with a "closed fist" in the shoulder/head area
(Page 15 of Officer Humphreys' transcription) Officer Humphreys stated "... I see Sergeant Nice, uh, **strike one time, one time with a closed fist**. Um, I didn't actually see where it landed but it was up in the shoulder/head area".
 - Arm bar
 - Kicked Mr. Chasse in the upper chest
 - Was the kick hard enough to fracture Mr. Chasse's upper chest area

➤ *What type of shoes were you wearing*

➤ *Kneeling on Mr. Chasse's back*

➤ *Prior to or after actually kneeling on Mr. Chasse's back, did you ever drop your knee onto his back or side areas*

(Page 8 of transcription) You stated "I looked down and he had rolled up on his side again and had gotten a hold of the cuff of my right pant leg with his teeth again. I pulled my right foot back and kicked him in the upper chest Also, Sergeant Nice stated he applied pressure to Mr. Chasse's back shoulder blade area by kneeling on him.

25. **Did you either observe or hear of any officer who caused broad based blunt force trauma to Mr. Chasse**

❖ *Falling or jumping onto him, dropping him onto the ground or back seat of the police vehicle ...*

26. Please describe **Mr. Chasse's** behavior/demeanor from the time he was tackled to the ground and he was transported to the Multnomah County Detention Center

27. What did **Mr. Chasse** say from the time he was tackled to the ground and he was transported to the Multnomah County Detention Center

28. Please describe **your** behavior/demeanor from the time **Mr. Chasse** was tackled to the ground and he was transported to the Multnomah County Detention Center

29. What did **you** say to **Mr. Chasse** from the time he was tackled to the ground and he was transported to the Multnomah County Detention Center

30. Please describe **Officer Humphreys'** behavior/demeanor from the time **Mr. Chasse** was tackled to the ground and he was transported to the Multnomah County Detention Center

31. What did **Officer Humphreys** say to **Mr. Chasse** from the time he was tackled to the ground and he was transported to the Multnomah County Detention Center

32. Please describe **Deputy Burton's** behavior/demeanor from the time **Mr. Chasse** was tackled to the ground and he was transported to the Multnomah County Detention Center

33. What did **Deputy Burton** say to **Mr. Chasse** from the time he was tackled to the ground and he was transported to the Multnomah County Detention Center

34. Besides applying the arm bar, please describe any other physical force used by you that was directed at **Mr. Chasse**

35. When you were interviewed by Detectives, you stated that you believed **Mr. Chasse** was under the influence of drugs rather than alcohol. Why did you feel **Mr. Chasse's** behavior was related to illegal drugs opposed to mental illness
36. What specific symptoms were exhibited by **Mr. Chasse** that caused you to request Code 3 medical to respond
(Page 12 of transcription) You stated that you requested Code 3 medical because Mr. Chasse had been resisting and yelling and then closed his eyes and appeared to stop breathing
37. How soon after **Mr. Chasse** was handcuffed, did you request medical to respond
❖ Was **Mr. Chasse** hobbled at this time
38. How soon after you requested medical did you observe **Mr. Chasse** breathing again
39. Did any officers provide any type of medical assistance to **Mr. Chasse** prior to medical arriving
40. Was **Mr. Chasse's** medical condition continuously monitored by officers
41. Was **Mr. Chasse** ever left alone
42. Did AMR or Portland Fire Bureau arrive first
43. Did any officer advise the medical responders of the forced used and circumstances involving **Mr. Chasse** being tackled, kicked, punched ... and possible associated injuries, i.e. head injury, chest injury ...
44. Did any on-scene medical personnel advise you or any officers that **Mr. Chasse** should be transported to a hospital
45. What medical opinion(s) were communicated to you or other officers present regarding **Mr. Chasse's** vital signs and/or potential medical/mental health conditions
46. Following **Mr. Chasse** being medically checked and determined to be medically stationary, what specific criminal charges were the basis for transporting him to M.C.D.C.
47. Did AMR and Portland Fire Bureau personnel clear the location prior or following **Mr. Chasse** being carried to the police vehicle
48. Please describe the manner in which **Mr. Chasse** was carried to the police vehicle
(Page 16 of transcription) You stated Mr. Chasse was "in maximum restraint position"
49. Why was **Mr. Chasse** carried while handcuffed and hobbled to the police vehicle approximately half a block rather than drive the police vehicle to **Mr. Chasse's** location at N.W. Everett Street and 13th Avenue
50. Given **Mr. Chasse** was in maximum restraint, please describe the manner in which **Mr. Chasse** was placed in the police vehicle
51. Was **Mr. Chasse** laid onto the backseat or possibly dropped onto the back seat or floor

52. Was **Mr. Chasse** seat belted in the back of the police vehicle
(Page 16 of transcription) You stated Mr. Chasse was placed head first through the passenger side on his left side facing forward. Sergeant Nice observed him left on his left side and not seat belted
53. At what point in time did you clear the location
❖ Prior to or following **Mr. Chasse** being transported
54. Did you observe or hear of any actions by officers who were present that caused you any concerns or violated Oregon criminal statutes, Portland Police Bureau policy and procedure, including training guidelines
55. Is there anything you wish to add, clarify and/or produce regarding the in-custody death of **Mr. Chasse**
56. Is there anything the Portland Police Association would care to address

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CITY OF PORTLAND, OREGON



Bureau of Police

Tom Potter, Mayor

Derrick Foxworth, Chief of Police

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I.A.D. CITIZEN INTERVIEW

- This is **Sergeant Michael Barkley** with the Internal Affairs Division.
- The *date* and *time* are:
 1. **Tuesday, 07/24/2007 at 0827 hours**
- I am *calling*:
Ms. Susan Dunaway, Multnomah County counsel
503-988-3138
- Regarding the possible interview of M.C.S. O. Deputy Thomas Hollenbeck as a *witness* regarding I.A.D. case:
2006-B-0016
- The interview is *concluded* at:
 1. 0842 hours Folder "A"; File "1" 15 minutes, 5 seconds
 - ❖ *The following persons referred our request to interview Deputy Hollenbeck to Ms. Dunaway:*
 1. **M.C.D.C Captain Linda Yankee**
503-988-3051
 2. **M.C.S.O., I.A.D. Sergeant Dan Staton**
503-988-4557
 - ❖ *M.C.S.O. Union Representatives:*
 1. **Phil Anderchuck**
503-310-1631
 2. **Uwe Pemberton**
503-819-7749

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I.A.D. CITIZEN INTERVIEW

- This is **Sergeant Michael Barkley #8570** with the Internal Affairs Division. Also present is **Sergeant Derek Rodrigues #37149** with the Internal Affairs Division.
- The *date* and *time* are:
Wednesday, 06/06/2007 at 1155 hours
- We are talking with:
Mr. Kevin Stucker, a paramedic with AMR ambulance
Also present is attorney, **Ms. Elizabeth Schleuning**, who represents AMR
- We are in the law offices of Schwabe, Williamson & Wyatt
- Mr. Stucker is a *witness* regarding I.A.D. case:
2006-B-0016
- The interview is *concluded* at:
1238 hours Folder D, File 1 43 minutes, 50 seconds

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May 18, 2007

Proposed Questions for Kevin Stucker, paramedic

AMR Ambulance

AMR Case #3087261

County Run #RP0609171244

Documents to be provided:

1. *All documents hand written at the scene*
2. *"Waiver Form" signed by Officer Humphreys at the location*

1. Please provide the background of your training and classification as a paramedic
2. Please provide the background of your experience as a paramedic
3. Please explain what occurred on **Sunday, 09/17/2006** regarding **Mr. James Chasse** in the 1300 block of N.W. Everett from the time you received the medical call until you cleared the location
4. When you received the call, what was your understanding of the circumstances
5. When you arrived at **1725 hours** at the location, what did you observe regarding:
 - ❖ Who was present
 - ❖ What was occurring by those present
 - ❖ Please describe **Mr. Chasse's** behavior, actions, condition ... at the time
6. Initially, what were you specifically told by the police officers regarding the incident
 - ❖ *Identity of the police officers*
7. Initially, what were you specifically told by the Portland Fire Bureau personnel regarding the incident
 - ❖ *Identity of the Portland Fire Bureau employee(s)*
8. Please re-count conversations you had with police officers
 - ❖ What was specifically *told to you* by police officers throughout your time at the location and by which officer(s)
 - ❖ What was specifically *requested of you* by the police officers and by which officer(s)
 - ❖ What was specifically *told by you* to the police officers throughout your time at the location
 - ❖ What was specifically *requested of the police officers* by you

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CHASSE115293

9. Please re-count conversations you had with Portland Fire Bureau employees
 - ❖ What was specifically *told to you* by Portland Fire Bureau personnel throughout your time at the location and by which employee(s)
 - ❖ What was specifically *requested of you* by Portland Fire Bureau personnel and by which employee(s)
 - ❖ What was specifically *told by you* to the Portland Fire Bureau personnel throughout your time at the location and by which employee(s)
 - ❖ What was specifically *requested of the Portland Fire Bureau personnel* by you
10. Please describe the demeanor and actions of the police officers, Portland Fire Bureau personnel and **Mr. Chasse** from the time you arrived at **1725 hours** and when you cleared the location at **1741 hours (16 minutes)**
 - ❖ Did you observe and/or hear anything regarding the police officers or Portland Fire Bureau personnel that you considered inappropriate
 - ❖ Did you observe and/or hear anything regarding the police officers or Portland Fire Bureau personnel that you considered not in **Mr. Chasse's** best interest
 - ❖ Did you actually leave the location at **1741 hours**
 - ❖ If not, what did you observe and/or hear with regards to the police officers, Portland Fire Bureau personnel and **Mr. Chasse**
11. Please explain what you and/or your partner, Ms. Hergert, told the police officers regarding **Mr. Chasse's** medical condition
12. Did you and/or Ms. Hergert have any specific concerns regarding **Mr. Chasse's** medical condition
13. Did you and/or Ms. Hergert form an opinion regarding **Mr. Chasse's** medical condition
14. Did you and/or Ms. Hergert form an opinion regarding **Mr. Chasse's** psychological state
15. Did you and/or Ms. Hergert form an opinion regarding **Mr. Chasse's** intoxication state
16. What was **Mr. Chasse's** physical appearance, i.e. condition of his personal hygiene, clothes ...
 - ❖ Did **Mr. Chasse's** appearance and psychological conditions affect the quality of medical attention and examination he received by either AMR and/or the Portland Fire Bureau
17. Referring to your document: "INFORMATION FORM", please clarify the following:
 - ❖ The document indicates that Officer Christopher Humphreys signed the form as "Patient or Guardian". Are you aware why Officer Humphreys signed the form
 - ❖ Was Officer Humphreys requested by you or Ms. Hergert, who signed the form, to sign the form
 - If so, why
 - If so, do you routinely request police officers to sign the form
 - ❖ Please explain "Alter level of consciousness? Yes"
 - ❖ Please explain "Alcohol, drug ingestion, or psychiatric impairment? Yes"

18. Referring to your document: "PREHOSPITAL CARE REPORT", please clarify the following:

The lower bottom corner indicates "9/17/2006 6:41:25PM".

- ❖ What does the date and time indicate
 - *Does the date and time reference when the information was entered on the document or when the form was printed*

"NARRATIVE", page #1

- ❖ Is the notation correct "Police are requesting that we check for any life threatening vital signs before they take him to jail".
 - Which police officer made the above request
- ❖ Regarding the notation "VS (vital signs) within normal limits".
 - Who from AMR and/or the Portland Fire Bureau checked **Mr. Chasse's** vital signs
 - Were **Mr. Chasse's** vital signs determined to be "within normal limits"
 - What methods was used to check **Mr. Chasse's** vital signs
 - ✓ How was the **blood pressure** checked
(Portland Fire Bureau Lieutenant Bill Kopyy stated, page 527, Ms. Hergert used a "cardiac monitor" to obtain **Mr. Chasse's** blood pressure)
 - ✓ Who checked **Mr. Chasse's** blood pressure
 - ✓ Was **Mr. Chasse's** blood pressure recorded immediately following the test
 - ✓ How was the blood pressure recorded at the time---hand written / electronically
 - ✓ How was the **pulse rate** checked
 - ✓ Who checked **Mr. Chasse's** pulse rate
 - ✓ Was **Mr. Chasse's** pulse rate recorded immediately following the test
 - ✓ How was the pulse rate recorded at the time---hand written / electronically
 - ✓ How was the **respiration** checked
 - ✓ Who checked **Mr. Chasse's** respiration
 - ✓ Was **Mr. Chasse's** respiration recorded immediately following the test
 - ✓ How was the respiration recorded at the time---hand written / electronically
 - Was a **stethoscope** used to listen to **Mr. Chasse's** breathing and heart

- ❖ Please clarify "Police refusing transport for pt (patient) in their custody".
 - Did the police advise you, Ms. Hergert and/or the Portland Fire Bureau personnel that they refused to have **Mr. Chasse** transported by AMR to a hospital
 - If so, which officer(s) refused the transport of **Mr. Chasse**
 - Did you, Ms. Hergert and/or Portland fire Bureau personnel recommend and/or suggest that **Mr. Chasse** be transported to a hospital
- ❖ Within the PREHOSPITAL CARE REPORT narrative section, the following was written: "Advised VS (vital signs) were normal but pt (patient) was probably on some sort of drug. Police acknowledged this and signed refusal".
 - Did you consider whether **Mr. Chasse** had psychological / emotional issues opposed to drug usage

"PHYSICAL FINDINGS", page #2

- ❖ Who completed the actual physical findings
- ❖ Who made the actual notations as to the physical findings
- ❖ Please explain what were the following notations based upon (*visual observations and/or physical touching*):
 - "Head" "Neg"
 - "Face" "neg, not pinpoint, lips bloody"
 - "Neck" "Not Assessed"
 - "Chest" "neg"---
 - (1) *Determined by visual observations and/or physical touching*
 - (2) *Was Mr. Chasse's short sleeve shirt pulled up exposing his chest*
 - "Back" "Not Assessed"
 - "Arm(s)" "abrasions on elbows"
 - "Abdomen" "Not Assessed"
 - "Pelvis" "Not Assessed"
 - "Leg(s)" "Neg"
 - (1) *Determined by visual observations and/or physical touching*
 - (2) *Was Mr. Chasse's jeans rearranged to expose his legs*
 - "Skin" "pale warm dry"
 - "Neuro Exam" "Not Assessed"
- Were **Mr. Chasse's** physical findings recorded immediately following each examination
- Were the physical findings recorded at the time---hand written / electronically

"TREATMENT AND RESPONSE", page #2

- ❖ Who completed the actual vital signs examination
- ❖ Who made the actual notations as to the vital signs
- ❖ Please explain how the following notations were obtained
 - "Vital Sign/ECG- BP: 110 / 73"
 - (1) *Was a blood pressure cuff used on Mr. Chasse*
 - "Pulse 100"
 - (1) *What method was used to determine Mr. Chasse's pulse*
 - "Respirations: 18"
 - (1) *What method was used to determine Mr. Chasse's respiration*

Dr. Karen Gunson, State of Oregon Medical Examiner, determined the following:

- ❖ **Of 24 total ribs, 14 total ribs were fractured**
- ❖ **Mr. Chasse suffered 27 total number of fractures**
- ❖ **According to Dr. Gunson:**
 - **A total of 10 fractures occurred due to C.P.R.;**
 - **A total of 17 fractures occurred *not* from C.P.R.---**
 - 5 / fractures occurred on the left lateral;**
 - 9 / fractures occurred on the left posterior;**
 - 3 / fractures occurred on the right posterior**
- ❖ Given **Mr. Chasse** suffered *17 fractures not* related to C.P.R. and Dr. Gunson determined the left lung to be "flail" "unstable", please explain how you were able to obtain "vital signs within normal limits" at the 1300 block of N.W. Everett Street
 - Would you expect **Mr. Chasse's** blood pressure, pulse and respiration to be higher than reported
 - Regarding **Mr. Chasse's** "chest" being noted as "neg", would you expect to determine injury or substantial injury to his chest

Portland Fire Bureau Lieutenant William Koppy prepared a "PRE-HOSPITAL CARE REPORT" which noted the exact same vital sign readings as noted by you in your "PREHOSPITAL CARE REPORT"---

- ❖ Blood pressure: 110 / 73
- ❖ Pulse rate: 100
- ❖ Respiration rate: 18

❖ Were **Mr. Chasse's** vital signs obtained *independently* by you and the Portland Fire Bureau

- If not obtained independently, who obtained the specific readings
- If not obtained independently, who recorded the specific readings
- If not obtained independently, is the procedure commonly conducted in such a fashion

❖ Lieutenant Koppy wrote "AMR medic stated officers indicated they found unspecified amount of cocaine in pt's possession".

- Were you the paramedic who advised the Portland Fire Bureau personnel that officers found cocaine in **Mr. Chasse's** possession
- If so, which police officer advised you of the cocaine

19. Is there anything else you wish to add or clarify regarding the in-custody death of **Mr. Chasse**

INFORMATION FORM

Name: John Doe Date of Birth: _____
Run Number: _____ Date: 9-17-06

PLEASE READ AND KEEP THIS FORM!

This form has been given to you because you do not want treatment and/or transport by Emergency Medical Services. Your health and safety concern us. Please remember the following:

1. Your condition may not seem as bad as it actually is. Without treatment your condition could become worse.
2. Our help cannot replace treatment by a doctor. You should obtain treatment by going to an Emergency Department, or by calling your doctor. You may be seen at an Emergency Department without an appointment.
3. If you change your mind or your condition becomes worse call 9-1-1. Don't wait.
4. ☐ If the box has been checked, you have been advised to go by ambulance to a hospital for treatment.
5. ☐ If the box has been checked, we have discussed your condition with a doctor who approved this advice.
6. Other: In police custody

I have received a copy of this information sheet.

Patient or Guardian Signature: Ce. [Signature] Date: 9/17/06

I. PATIENT OR GUARDIAN ASSESSMENT

1. Oriented to: Person? ☐ Yes ☐ No Place? ☐ Yes ☐ No
Time? ☐ Yes ☐ No Event? ☐ Yes ☐ No
2. Altered level of consciousness? ☒ Yes ☐ No
3. Head injury? ☐ Unknown ☐ Yes ☐ No
4. Alcohol, drug ingestion, or psychiatric impairment? ☒ Unknown ☐ Yes ☐ No
5. Does the person understand advice given and risks of refusal? ☐ Yes ☐ No

II. ON-LINE MEDICAL CONTROL

- ☐ Not indicated
☐ Contacted
☐ Unable to contact. Explain: _____

III. PATIENT ADVICE (check each advice given)

- ☐ Self-care instructions: () Abrasions () Burns () Diabetic Reaction
() Lacerations () Seizure () Sprains/Strains
☐ Ambulance transport needed ☐ Further harm could result without medical treatment.

IV. DISPOSITION

- ☐ Patient would not accept Information Form
☐ Refused all EMS services ☐ Refused field treatment ☐ Refused transport
☒ In care or custody of other agency Agency: PPB
☐ In care or custody of relative or friend Name: _____ Relation: _____

EMT Signature: Tami Hergert Date: 9-17-06

ATTACH TO PATIENT CARE REPORT

000543

PREHOSPITAL CARE REPORT

OR - Multnomah

Case #: 3087261

County Run #: RP0609171244

Pt # 1 of 1

Unit ID: 306

Date: 9/17/2006

BRANCH INFORMATION

Time Received: 17:23:04
Time Dispatched: 17:23:18
Time Enroute: 17:23:39
Time On Scene: 17:25:50
Time at Pt Side: 17:26:10
Time To Hosp:
Time At Hosp:
Time Cleared: 17:41:59

Incident Location: Street or Highway
NW 13 AV&NW EVERETT ST, PORTLAND,
OR

Initial Mode: CODE 3
Final Mode: CODE 3

First in:

Nature of Call: UN1 Uncons_Not BR_ Abnorm BR

PATIENT DEMOGRAPHICS

Name: doe, john
Address:
City, State, Zip:
Phone: (000) 000-0000
SSN: 000-00-0000

D.O.B.: 01/01/1961
Ethnicity: White
Physician:
Employer:
Responsible Party: doe, john

☒ Age Estimated
Age: 45 years Months: Days:
Sex: Male Weight:
Triage Tag :
Phone: (000) 000-0000

NARRATIVE

☐ Special Study

45 year old Male in police custody. He saw police on the street and took off running several blocks until caught, he then fought with police, was cuffed and hobbled and then became extremely quiet. Police thought he may have passed out, he came to quickly. Police are requesting that we check for any life threatening vital signs before they take him to jail.

Pt is lying quietly on sidewalk, rr 18 -20, opens eye but isn't talking to us. VS within normal limits. Attempted blood glucose and pt began fighting and yelling, he was held for the test which was normal. Police refusing transport for pt in their custody. Advised VS were normal but pt was probably on some sort of drug. Police acknowledged this and signed refusal.

CC none

PRIMARY ASSESSMENT: Toxicological -- Illicit Drug(s).

HISTORY OF PRESENT ILLNESS

Chief Complaint: none
HPI:

Mechanism of Injury:

Safety Equipment:

Contributing Factors:

Environmental Factors:

Factors Affecting Delivery Of Care:

PAST MEDICAL HISTORY

History: None Stated.

Allergies: Unknown.

000715

Medications: None Stated.

CLINICAL IMPRESSION

Primary Assessment: Toxicological -- Illicit Drug(s)

Secondary Assessment

TRAUMA TRIAGE

CRAMS Score:

Physiological Criteria:

Anatomic Criteria :

Mechanism :

Discretionary Criteria:

Paramedic Judgment:

PATIENT FINDINGS

☐ PTA Time:

By:

Pt. Position: N/A

Blood Pressure: N/A / N/A

Pulse

Rate: N/A

Regularity: N/A

Strength: N/A

Location: N/A

Skin

Color: N/A

Temp: N/A

Moisture: N/A

Cap Refill: N/A

Cardiac Rhythm

Rate: N/A

ECG: N/A

Ectopy: N/A

12Lead Interpretation:
N/A

GCS

Eyes: N/A

Verbal: N/A

Motor: N/A

Total:

Level of Consciousness

RespondTo: N/A

Pupils: N/A

Respiratory

Rate: N/A

Effort: N/A

Depth: N/A

SAO2: N/A

ETCO2

CO2 Value: N/A

CO2 Color: N/A

Lung Sounds

Right: N/A

Left: N/A

Acuity: N/A

Comments:

PHYSICAL FINDINGS

Head Neg

Face neg, not pinpoint, lips bloody

Neck Not Assessed

Chest neg

Back Not Assessed

Arm (s) abrasions on elbows

Abdomen Not Assessed

Pelvis Not Assessed

Leg (s) Neg

Skin pale warm dry

Neuro Exam Not Assessed

TREATMENT AND RESPONSE

PTA	Time	Medic	Procedure
-----	------	-------	-----------

☐	1728	Hergert, Tamara,AMR	Vital Sign/ECG - BP: 110 / 73 , Pulse 100 . Respirations: 18 .
--------------------------	------	---------------------	--

☐	1730	Hergert, Tamara,AMR	Blood Glucose - 119 mg/dL.
--------------------------	------	---------------------	----------------------------

000716

PATIENT DISPOSITION

Disposition: Treated -- Refused Tra
Est Time Death: 0
Mode of Transport:
Air Request By:
Reason For Air:
Destination Decis:
Hosp Divert From:

Receiving Hospital:
Other Hospital:
Personal Items:
First Respond Assist: ☐
Base Hospital: MRH
Base Hosp Contact: ☐
Base Contact Time:

MD Consult: ☐
Base Physician:
Transport Priority:
Change In Priority:
MileageScene:
Mileage Hospital:
Total Mileage: 0.00

Physician Order:

1st Attendant: Hergert, Tamara, A

2nd Attendant: Stucker, Kevin, AMR

3rd Attendant:

Hospital Signature:

Number: 109859

Certification:

Number: 127291

Certification:

000717

9/17/2006

PATIENT UNABLE TO SIGN

Patient doe,John

is unable to sign because

The following representative's signature on behalf of the patient does not constitute acknowledgement of financial responsibility for the services rendered to the patient.

Date: 9/17/2006

By:

Relationship to Patient:

Address:

PATIENT UNABLE TO SIGN/NO REPRESENTATIVE AVAILABLE

Patient doe,John

is unable to sign because

No patient representative is available/willing to sign on behalf of the patient. The following representative's signature on behalf of the patient does not constitute acknowledgement of financial responsibility for the services rendered to the patient.

Date: 9/17/2006

By :

Name of Medical Transport Personnel:

PersonelTitle:

Name of Operation Site:

Multnomah AMR

Case #: 3087261
Y #: 1

Unit ID: 306

ASSIGNMENT OF INSURANCE BENEFITS

9/17/2006 6:41:33 PM
YZ20-4350
V2.0.7K

000718

CHASSE115303

9/17/2006

PATIENT UNABLE TO SIGN

Patient doe, john

is unable to sign because

The following representative's signature on behalf of the patient does not constitute acknowledgement of financial responsibility for the services rendered to the patient.

Date: 9/17/2006

By:

Relationship to Patient:

Address:

PATIENT UNABLE TO SIGN/NO REPRESENTATIVE AVAILABLE

Patient doe, john

is unable to sign because

No patient representative is available/willing to sign on behalf of the patient. The following representative's signature on behalf of the patient does not constitute acknowledgement of financial responsibility for the services rendered to the patient.

Date: 9/17/2006

By :

Name of Medical Transport Personnel:

PersonelTitle:

Name of Operation Site:

Multnomah AMR

Case #: 3087261
t#: 1

Unit ID: 306

ASSIGNMENT OF INSURANCE BENEFITS

9/17/2006 6:41:33 PM
Y220-4350
V2.0.7K

000719

CHASSE115304

COPY



CITY OF PORTLAND, OREGON



Bureau of Police

Tom Potter, Mayor

Derrick Foxworth, Chief of Police

1111 S.W. 2nd Avenue • Portland, OR 97204 • Phone: 503-823-0000 • Fax: 503-823-0342

Integrity • Compassion • Accountability • Respect • Excellence • Service

I.A.D. CITIZEN INTERVIEW

- This is **Sergeant Michael Barkley #8570** with the Internal Affairs Division. Also present is **Sergeant Derek Rodrigues #37149** with the Internal Affairs Division.
- The *date* and *time* are:
Wednesday, 06/06/2007 at 1010 hours
- We are talking with:
Ms. Tami Hergert, a paramedic with AMR ambulance
Also present is attorney, **Ms. Elizabeth Schleuning**, who represents AMR
- We are in the law offices of Schwabe, Williamson & Wyatt
- Ms. Hergert is a *witness* regarding I.A.D. case:
2006-B-0016
- The interview is *concluded* at:
1139 hours Folder C, File 1 1 hour, 20 minutes, 10 seconds

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An Equal Opportunity Employer

Police Information Line: 503-823-4636, TTY (for hearing and speech impaired): 503-823-4736 Website: <http://www.portlandpolicebureau.com>

CHASSE115306



CITY OF PORTLAND, OREGON



Bureau of Police

Tom Potter, Mayor

Rosanne M. Sizer, Chief of Police

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June 4, 2007

Proposed Questions for Ms. Tami Hergert, paramedic

AMR Ambulance

AMR Case #3087261

County Run #RP0609171244

Documents to be provided:

1. *All documents hand written at the scene*
2. *"Waiver Form" signed by Officer Humphreys at the location*
1. Please provide the background of your training and classification as a paramedic
2. Please provide the background of your experience as a paramedic
3. Please explain what occurred on **Sunday, 09/17/2006** regarding **Mr. James Chasse** in the 1300 block of N.W. Everett from the time you received the medical call until you cleared the location
4. When you received the call, what was your understanding of the circumstances
5. When you arrived at **1725 hours** at the location, what did you observe regarding:
 - ❖ Who was present
 - ❖ What was occurring by those present
 - ❖ Please describe **Mr. Chasse's** behavior, actions, condition ... at the time
6. Initially, what were you specifically told by the police officers regarding the incident
 - ❖ *Identity of the police officers*
7. Initially, what were you specifically told by the Portland Fire Bureau personnel regarding the incident
 - ❖ *Identity of the Portland Fire Bureau employee(s)*
8. Please re-count conversations you had with police officers
 - ❖ What was specifically *told to you* by police officers throughout your time at the location and by which officer(s)
 - ❖ What was specifically *requested of you* by the police officers and by which officer(s)
 - ❖ What was specifically *told by you* to the police officers throughout your time at the location
 - ❖ What was specifically *requested of the police officers* by you

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CHASSE115307

9. Please re-count conversations you had with Portland Fire Bureau employees
 - ❖ What was specifically *told to you* by Portland Fire Bureau personnel throughout your time at the location and by which employee(s)
 - ❖ What was specifically *requested of you* by Portland Fire Bureau personnel and by which employee(s)
 - ❖ What was specifically *told by you* to the Portland Fire Bureau personnel throughout your time at the location and by which employee(s)
 - ❖ What was specifically *requested of the Portland Fire Bureau personnel* by you
10. Please describe the demeanor and actions of the police officers, Portland Fire Bureau personnel and **Mr. Chasse** from the time you arrived at **1725 hours** and when you cleared the location at **1741 hours (16 minutes)**
 - ❖ Did you observe and/or hear anything regarding the police officers or Portland Fire Bureau personnel that you considered inappropriate
 - ❖ Did you observe and/or hear anything regarding the police officers or Portland Fire Bureau personnel that you considered not in **Mr. Chasse's** best interest
 - ❖ Did you actually leave the location at **1741 hours**
 - ❖ If not, what did you observe and/or hear with regards to the police officers, Portland Fire Bureau personnel and **Mr. Chasse**
11. Please explain what you and/or your partner, Mr. Stucker, told the police officers regarding **Mr. Chasse's** medical condition
12. Did you and/or Mr. Stucker have any specific concerns regarding **Mr. Chasse's** medical condition
13. Did you and/or Mr. Stucker form an opinion regarding **Mr. Chasse's** medical condition
14. Did you and/or Mr. Stucker form an opinion regarding **Mr. Chasse's** psychological state
15. Did you and/or Mr. Stucker form an opinion regarding **Mr. Chasse's** intoxication state
16. What was **Mr. Chasse's** physical appearance, i.e. condition of his personal hygiene, clothes ...
 - ❖ Did **Mr. Chasse's** appearance and psychological conditions affect the quality of medical attention and examination he received by either AMR and/or the Portland Fire Bureau
17. Referring to your document: "INFORMATION FORM", please clarify the following:
 - ❖ The document indicates that Officer Christopher Humphreys signed the form as "Patient or Guardian ". Are you aware why Officer Humphreys signed the form
 - ❖ Was Officer Humphreys requested by you or Mr. Stucker, to sign the form
 - If so, why
 - If so, do you routinely request police officers to sign the form
 - ❖ Please explain "Alter level of consciousness? Yes"
 - ❖ Please explain "Alcohol, drug ingestion, or psychiatric impairment? Yes"

18. Referring to your document: "PREHOSPITAL CARE REPORT", please clarify the following:

The lower bottom corner indicates "9/17/2006 6:41:25PM".

- ❖ What does the date and time indicate
 - *Does the date and time reference when the information was entered on the document or when the form was printed*

"NARRATIVE", page #1

- ❖ Is the notation correct "Police are requesting that we check for any life threatening vital signs before they take him to jail".
 - Which police officer made the above request
- ❖ Regarding the notation "VS (vital signs) within normal limits".
 - Who from AMR and/or the Portland Fire Bureau checked **Mr. Chasse's** vital signs
 - Were **Mr. Chasse's** vital signs determined to be "within normal limits"
 - What methods was used to check **Mr. Chasse's** vital signs
 - ✓ How was the **blood pressure** checked
(Portland Fire Bureau Lieutenant Bill Koppy stated, page 527, Ms. Hergert used a "cardiac monitor" to obtain **Mr. Chasse's** blood pressure)
 - ✓ Who checked **Mr. Chasse's** blood pressure
 - ✓ Was **Mr. Chasse's** blood pressure recorded immediately following the test
 - ✓ How was the blood pressure recorded at the time---hand written / electronically
 - ✓ How was the **pulse rate** checked
 - ✓ Who checked **Mr. Chasse's** pulse rate
 - ✓ Was **Mr. Chasse's** pulse rate recorded immediately following the test
 - ✓ How was the pulse rate recorded at the time---hand written / electronically
 - ✓ How was the **respiration** checked
 - ✓ Who checked **Mr. Chasse's** respiration
 - ✓ Was **Mr. Chasse's** respiration recorded immediately following the test
 - ✓ How was the respiration recorded at the time---hand written / electronically
 - Was a **stethoscope** used to listen to **Mr. Chasse's** breathing and heart

- ❖ Please clarify "Police refusing transport for pt (patient) in their custody".
 - Did the police advise you, Mr. Stucker and/or the Portland Fire Bureau personnel that they refused to have **Mr. Chasse** transported by AMR to a hospital
 - If so, which officer(s) refused the transport of **Mr. Chasse**
 - Did you, Mr. Stucker and/or Portland fire Bureau personnel recommend and/or suggest that **Mr. Chasse** be transported to a hospital
- ❖ Within the PREHOSPITAL CARE REPORT narrative section, the following was written: "Advised VS (vital signs) were normal but pt (patient) was probably on some sort of drug. Police acknowledged this and signed refusal".
 - Did you consider whether **Mr. Chasse** had psychological / emotional issues opposed to drug usage

"PHYSICAL FINDINGS", page #2

- ❖ Who completed the actual physical findings
- ❖ Who made the actual notations as to the physical findings
- ❖ Please explain what were the following notations based upon (*visual observations and/or physical touching*):
 - "Head" "Neg"
 - "Face" "neg, not pinpoint, lips bloody"
 - "Neck" "Not Assessed"
 - "Chest" "neg"
 - (1) *Determined by visual observations and/or physical touching*
 - (2) *Was Mr. Chasse's short sleeve shirt pulled-up exposing his chest*
 - "Back" "Not Assessed"
 - "Arm(s)" "abrasions on elbows"
 - "Abdomen" "Not Assessed"
 - "Pelvis" "Not Assessed"
 - "Leg(s)" "Neg"
 - (1) *Determined by visual observations and/or physical touching*
 - (2) *Was Mr. Chasse's jeans rearranged to expose his legs*
 - "Skin" "pale warm dry"
 - "Neuro Exam" "Not Assessed"
- Were **Mr. Chasse's** physical findings recorded immediately following each examination
- Were the physical findings recorded at the time---hand written / electronically

"TREATMENT AND RESPONSE", page #2

- ❖ Who completed the actual vital signs examination
- ❖ Who made the actual notations as to the vital signs
- ❖ Please explain how the following notations were obtained
 - "Vital Sign/ECG- BP: 110 / 73"
(1) Was a blood pressure cuff used on Mr. Chasse
 - "Pulse 100"
(1) What method was used to determine Mr. Chasse's pulse
 - "Respirations: 18"
(1) What method was used to determine Mr. Chasse's respiration

Dr. Karen Gunson, State of Oregon Medical Examiner, determined the following:

- ❖ **Of 24 total ribs, 14 total ribs were fractured**
- ❖ **Mr. Chasse suffered 27 total number of fractures**
- ❖ **According to Dr. Gunson:**
 - **A total of 10 fractures occurred due to C.P.R.;**
 - **A total of 17 fractures occurred not from C.P.R.---**
 - 5 / fractures occurred on the left lateral;**
 - 9 / fractures occurred on the left posterior;**
 - 3 / fractures occurred on the right posterior**
- ❖ Given **Mr. Chasse** suffered **17 fractures not** related to C.P.R. and Dr. Gunson determined the left lung to be "flail" "unstable", please explain how you were able to obtain "*vital signs within normal limits*" at the 1300 block of N.W. Everett Street
 - Would you expect **Mr. Chasse's** blood pressure, pulse and respiration to be higher than reported
 - Regarding **Mr. Chasse's** "chest" being noted as "neg", would you expect to determine injury or substantial injury to his chest

Portland Fire Bureau Lieutenant William Koppy prepared a "PRE-HOSPITAL CARE REPORT" which noted the exact same vital sign readings as noted by you in your "PREHOSPITAL CARE REPORT"---

- ❖ Blood pressure: 110 / 73
- ❖ Pulse rate: 100
- ❖ Respiration rate: 18

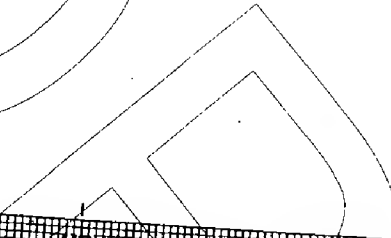
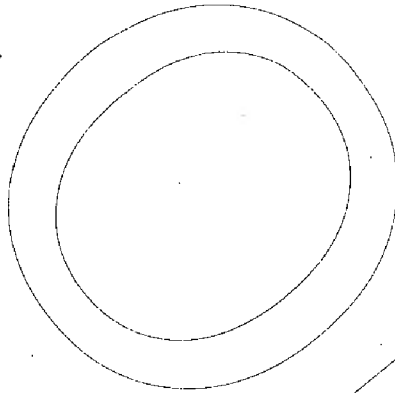
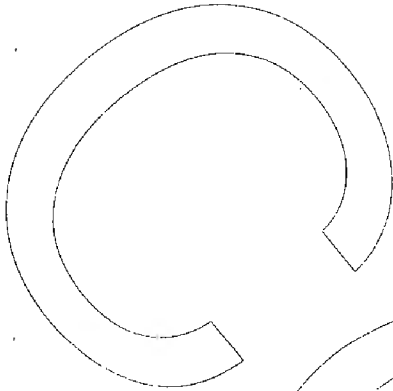
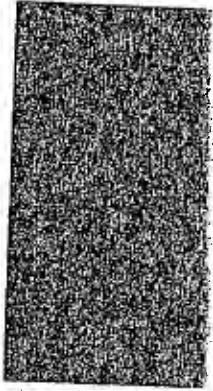
❖ Were **Mr. Chasse's** vital signs obtained *independently* by you and the Portland Fire Bureau

- If not obtained independently, who obtained the specific readings
- If not obtained independently, who recorded the specific readings
- If not obtained independently, is the procedure commonly conducted in such a fashion

❖ Lieutenant Koppy wrote "AMR medic stated officers indicated they found unspecified amount of cocaine in pt's possession".

- Were you the paramedic who advised the Portland Fire Bureau personnel that officers found cocaine in **Mr. Chasse's** possession
- If so, which police officer advised you of the cocaine

19. Is there anything else you wish to add or clarify regarding the in-custody death of **Mr. Chasse**



Time		Event	IB	MBP (minHg) x PR	Code
09/26/2024	17:21:31	Power On			Summary
	17:21:32	MBP			Complete
	17:31:34	Power Off		11.03/0.1 x 100	
Sec					
09/26/2024	17:21:31				
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INFORMATION FORM

Name: John Doe Date of Birth: _____
Run Number: _____ Date: 9-17-06

PLEASE READ AND KEEP THIS FORM!

This form has been given to you because you do not want treatment and/or transport by Emergency Medical Services. Your health and safety concern us. Please remember the following:

1. Your condition may not seem as bad as it actually is. Without treatment your condition could become worse.
2. Our help cannot replace treatment by a doctor. You should obtain treatment by going to an Emergency Department, or by calling your doctor. You may be seen at an Emergency Department without an appointment.
3. If you change your mind or your condition becomes worse call 9-1-1. Don't wait.
4. ☐ If the box has been checked, you have been advised to go by ambulance to a hospital for treatment.
5. ☐ If the box has been checked, we have discussed your condition with a doctor who approved this advice.
6. Other: In police custody

I have received a copy of this information sheet.

Patient or Guardian Signature: Ce. M Date: 9/17/06

I. PATIENT OR GUARDIAN ASSESSMENT

1. Oriented to: Person? ☐ Yes ☐ No Place? ☐ Yes ☐ No
Time? ☐ Yes ☐ No Event? ☐ Yes ☐ No
2. Altered level of consciousness? ☒ Yes ☐ No
3. Head injury? ☐ Unknown ☐ Yes ☐ No
4. Alcohol, drug ingestion, or psychiatric impairment? ☒ Unknown ☐ Yes ☐ No
5. Does the person understand advice given and risks of refusal? ☐ Yes ☐ No

II. ON-LINE MEDICAL CONTROL

- ☐ Not indicated
☐ Contacted
☐ Unable to contact. Explain: _____

III. PATIENT ADVICE (check each advice given)

- ☐ Self-care instructions: ☐ Abrasions ☐ Burns ☐ Diabetic Reaction
☐ Lacerations ☐ Seizure ☐ Sprains/Strains
☐ Ambulance transport needed ☐ Further harm could result without medical treatment.

IV. DISPOSITION

- ☐ Patient would not accept Information Form
☐ Refused all EMS services ☐ Refused field treatment ☐ Refused transport
☒ In care or custody of other agency Agency: PPB
☐ In care or custody of relative or friend Name: _____ Relation: _____

EMT Signature: Tami Hergert Date: 9-17-06

ATTACH TO PATIENT CARE REPORT

000543

PREHOSPITAL CARE REPORT

OR - Multnomah

Case #: 3087261

County Run #: RP0609171244

Pt # 1 of 1

Unit ID: 306

Date: 9/17/2006

DISPATCH INFORMATION

Time Received: 17:23:04

Time Dispatched: 17:23:18

Time Enroute: 17:23:39

Time On Scene: 17:25:50

Time at Pt Side: 17:26:10

Time To Hosp:

Time At Hosp:

Time Cleared: 17:41:59

Incident Location: Street or Highway
NW 13 AV&NW EVERETT ST, PORTLAND,
OR

Initial Mode: CODE 3

Final Mode: CODE 3

First in:

Nature of Call: UN1 Uncons Not BR Abnorm BR

PATIENT DEMOGRAPHICS

Name: doe, john

Address:

City, State, Zip:

Phone: (000) 000-0000

SSN: 000-00-0000

D.O.B.: 01/01/1961

Ethnicity: White

Physician:

Employer:

Responsible Party: doe, john

☒ Age Estimated

Age: 45 years Months: Days:

Sex: Male Weight:

Triage Tag:

Phone: (000) 000-0000

NARRATIVE

☐ Special Study

45 year old Male in police custody. He saw police on the street and took off running several blocks until caught, he then fought with police, was cuffed and hobbled and then became extremely quiet. Police thought he may have passed out, he came to quickly. Police are requesting that we check for any life threatening vital signs before they take him to jail.

Pt is lying quietly on sidewalk, rr 18 -20, opens eye but isn't talking to us. VS within normal limits. Attempted blood glucose and pt began fighting and yelling, he was held for the test which was normal. Police refusing transport for pt in their custody. Advised VS were normal but pt was probably on some sort of drug. Police acknowledged this and signed refusal.

CC none

PRIMARY ASSESSMENT: Toxicological -- Illicit Drug(s).

HISTORY OF PRESENT ILLNESS

Chief Complaint: none

HPI:

Mechanism of Injury:

Safety Equipment:

Contributing Factors:

Environmental Factors:

Factors Affecting Delivery Of Care:

PAST MEDICAL HISTORY

History: None Stated.

Allergies: Unknown.

000715

Medications: None Stated.

CLINICAL IMPRESSION

Primary Assessment: Toxicological -- Illicit Drug(s)

Secondary Assessment

TRAUMA TRIAGE

CRAMS Score:

Physiological Criteria:

Anatomic Criteria:

Mechanism:

Discretionary Criteria:

Paramedic Judgment:

PATIENT FINDINGS

☐ PTA Time: By:

Pt. Position: N/A

Blood Pressure: N/A / N/A

Pulse

Rate: N/A

Regularity: N/A

Strength: N/A

Location: N/A

Skin

Color: N/A

Temp: N/A

Moisture: N/A

Cap Refill: N/A

Cardiac Rhythm

Rate: N/A

ECG: N/A

Ectopy: N/A

12Lead Interpretation:

N/A

GCS

Eyes: N/A

Verbal: N/A

Motor: N/A

Total:

Level of Consciousness

Respond To: N/A

Pupils: N/A

Respiratory

Rate: N/A

Effort: N/A

Depth: N/A

SAO2: N/A

ETCO2

CO2 Value: N/A

CO2 Color: N/A

Lung Sounds

Right: N/A

Left: N/A

Acuity: N/A

Comments:

PHYSICAL FINDINGS

Head Neg

Face neg, not pinpoint, lips bloody

Neck Not Assessed

Chest neg

Back Not Assessed

Arm (s) abrasions on elbows

Abdomen Not Assessed

Pelvis Not Assessed

Leg (s) Neg

Skin pale warm dry

Neuro Exam Not Assessed

TREATMENT AND RESPONSE

PTA Time Medication Procedure

☐ 1728 Hergert, Tamara, AMR Vital Sign/ECG - BP: 110 / 73 , Pulse 100 . Respirations: 18 .

☐ 1730 Hergert, Tamara, AMR Blood Glucose - 119 mg/dL.

000716

TIENT DISPOSITION

Disposition: Treated -- Refused Tra
Est Time Death: 0
Mode of Transport:
Air Request By:
Reason For Air:
Destination Decis:
Hosp Divert From:

Receiving Hospital:
Other Hospital:
Personal Items:
First Respond Assist: ☐
Base Hospital: MRH
Base Hosp Contact: ☐
Base Contact Time:

MD Consult: ☐
Base Physician:
Transport Priority:
Change In Priority:
MileageScene:
Mileage Hospital:
Total Mileage: 0.00

Physician Order:

1st Attendant: Hergert, Tamara, A

Tamara Hergert

2nd Attendant: Stucker, Kevin, AMR

3rd Attendant:

Hospital Signature:

Number: 109859

Certification:

Number: 127291

Certification:

000717

9/17/2006

PATIENT UNABLE TO SIGN

Patient doe, john

is unable to sign because

The following representative's signature on behalf of the patient does not constitute acknowledgement of financial responsibility for the services rendered to the patient.

Date: 9/17/2006

By:

Relationship to Patient:

Address:

PATIENT UNABLE TO SIGN/NO REPRESENTATIVE AVAILABLE

Patient doe, john

is unable to sign because

No patient representative is available/willing to sign on behalf of the patient. The following representative's signature on behalf of the patient does not constitute acknowledgement of financial responsibility for the services rendered to the patient.

Date: 9/17/2006

By :

Name of Medical Transport Personnel:

Person's Title:

Name of Operation Site:

Multnomah AMR

Case #: 3087261

Unit ID: 306

ASSIGNMENT OF INSURANCE BENEFITS

9/17/2006 6:41:33 PM

Y220-4350

V2.0.7K

000718

CHASSE115318

9/17/2006

PATIENT UNABLE TO SIGN

Patient doe, john

is unable to sign because

The following representative's signature on behalf of the patient does not constitute acknowledgement of financial responsibility for the services rendered to the patient.

Date: 9/17/2006

By:

Relationship to Patient:

Address:

PATIENT UNABLE TO SIGN/NO REPRESENTATIVE AVAILABLE

Patient doe, john

is unable to sign because

No patient representative is available/willing to sign on behalf of the patient. The following representative's signature on behalf of the patient does not constitute acknowledgement of financial responsibility for the services rendered to the patient.

Date: 9/17/2006

By :

Name of Medical Transport Personnel:

Personel Title:

Name of Operation Site:

Multnomah AMR

COPY



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Derrick Foxworth, Chief of Police

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I.A.D. CITIZEN INTERVIEW

- This is Sergeant Michael Barkley with the Internal Affairs Division.
- The *date* and *time* are:
 1. Thursday, 05/17/2007 at 1251 hours
 2. Monday, 05/21/2007 at 1118 hours
 3. Monday, 05/21/2007 at 1135 hours (message left by Ms. Ohman-Back)
 4. Monday, 05/22/2007 at 1358 hours (message left by Ms. Ohman-Back)
 5. Monday, 05/22/2007 at 1456 hours
 6. Thursday, 05/31/2007 at 1313 hours (message left by Ms. Ohman-Back)
 7. Thursday, 05/31/2007 at 1355 hours

- I am *calling*:
Ms. Jean Ohman-Back, attorney with "Schwabe, Williamson & Wyatt"
at 503-796-2960/office or [REDACTED]/cell
Attorney representing AMR Ambulance and paramedics:
Tami Hergert and
Kevin Stucker

**** TO BE PROVIDED:**

1. "Waiver Form** signed by Officer Humphreys
2. ALL DOCUMENTS HAND WRITTEN AT THE SCENE

- regarding I.A.D. case:
2006-B-0016

- The interview is *concluded* at:

1. 1304 hours	Folder "A"; File "1"	12 minutes, 11 seconds
2. 1122 hours		17 minutes, 0 seconds
3. 1136 hours		18 minutes, 35 seconds
4. 1359 hours		19 minutes, 26 seconds
5. 1501 hours		25 minutes, 01 seconds
6.		26 minutes, 25 seconds
7. 1400 hours		31 minutes, 35 seconds
- Interviews of Ms. Hergert and Mr. Stucker scheduled for
MONDAY, 06/06/2007 at 1000 hours

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CHASSE115321

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I.A.D. CITIZEN INTERVIEW

- This is **Sergeant Michael Barkley #8570** with the Internal Affairs Division.
Sergeant Derek Rodrigues #37149 with the Internal Affairs Division is present.
- The *date* and *time* are:
Thursday, 06/21/2007 at 0907 hours
- We are talking with:
Dr. Karen L. Gunson
State of Oregon
Medical Examiner/Forensic Pathologist
who performed the autopsy of Mr. James Chasse on **Monday, 09/18/2006** the day
following the death of Mr. Chasse.
- Dr. Gunson is a *witness* regarding I.A.D. case:
2006-B-0016
- The interview is *concluded* at:
0936 hours Folder "A", File "1" 29 minutes, 22 seconds

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CHASSE115323



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June 11, 2007

Proposed Questions for Dr. Karen L. Gunson

State of Oregon

Medical Examiner/Forensic Pathologist

503-451-2200

IN-CUSTODY DEATH INVESTIGATION

JAMES CHASSE

I.A.D. Case #2006-B-0016

On **Tuesday, 05/22/2007 at 1135 hours** you were initially interviewed by me and Sergeant Derek Rodrigues regarding the autopsy you performed on **Mr. James Chasse** on **Monday, 09/18/2006**.

On **Wednesday, 06/06/2007**, **Ms. Tamara Hergert** and **Mr. Kevin Stucker**, two AMR paramedics that examined **James Chasse** on **Sunday, 09/17/2006** at the 1300 block of N.W. Everett Street were interviewed. AMR paramedics were assisted by Portland Fire Bureau personnel.

As a result of our interview with the two paramedics, the following are additional questions:

1. You previously identified and explained the following injuries sustained by **Mr. Chasse** on **Sunday, 09/17/2006**:

14: total number of ribs fractured

27: total number of fractures

10: total number of fractures caused by C.P.R.

17: total number of fractures caused by "blunt force chest trauma"

Are the numbers and causes accurate

2. You previously stated that the fractured ribs were "fresh" and *not* old fractures. How were you able to determine when the ribs were fractured
3. You previously stated that the 17 fractures could not have been caused by individual blows but rather would have been caused by a "broad based application of force". Please explain the difference between the types of force related to **Mr. Chasse's** specific injuries

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CHASSE115324

4. How did you determine that **Mr. Chasse** suffered “blunt force chest trauma” at the location of 1300 block of N.W. Everett Street
5. Prior to the autopsy, were you advised as to any other location or locations where **Mr. Chasse** was involved in a physical struggle and resistance with others, including Portland Police Bureau officers
 - ❖ Aside from the confrontation in the 1300 block of N.W. Everett Street and prior to the autopsy, were you advised of a physical struggle and resistance with **Mr. Chasse** at the Multnomah County Detention Center
6. What is your professional opinion as to whether **Mr. Chasse** suffered “blunt force chest trauma” in the *1300 block of N.W. Everett Street* where he had a physical confrontation with Portland Police Bureau officers based upon the following:
 - ❖ Your autopsy determined that **Mr. Chasse** sustained 17 total fractures caused by “blunt force chest trauma”;
 - ❖ **Mr. Chasse**’s vital signs were checked by two paramedics with AMR and Portland Fire Bureau personnel;
 - ❖ **Mr. Chasse**’s vital signs were determined to be “within normal limits”;
 - ❖ ARM’s cardiac monitor reported and recorded at **1725 hours** (*paramedics arrived at 1725 hours*):
 - Blood pressure: 119/73
 - Pulse rate: 100
 - ❖ **Ms. Hergert**, AMR paramedic checked **Mr. Chasse**’s pulse via his carotid artery;
 - ❖ **Ms. Hergert** visually counted his chest respirations to be 18
 - ❖ **Ms. Hergert** had a stethoscope present but did *not* use it because **Mr. Chasse** did *not* exhibit any signs to indicate he was having problems breathing
 - ❖ **Mr. Stucker**, AMR paramedic counted his chest respirations to be 18 – 20
 - ❖ **Portland Fire Bureau** reported **Mr. Chasse**’s vital signs to be:
 - SPO2 saturation %: 98%
 - Pulse rate: 100
 - Pulse rhythm: Regular
 - Pulse quality: Strong
 - Respiration rate: 18
 - Respiration rhythm: Regular
 - Blood pressure: 110/73
 - Blood glucose: 119
7. What is the probability / percentage that **Mr. Chasse** could have sustained the described “blunt force chest trauma” in the 1300 block of N.W. Everett Street, given the noted vital readings obtained at the location
8. What is the probability / percentage that **Mr. Chasse** could have sustained the described “blunt force chest trauma” prior to the police officers contacting him in the 1300 block of N.W. Everett Street, given the noted vital readings obtained at the location

9. What is the probability / percentage that **Mr. Chasse** could have sustained the described "blunt force chest trauma" after being transported by the police from the 1300 block of N.W. Everett Street, given the noted vital readings obtained at the location

COPY

PREHOSPITAL CARE REPORT

OR - Multnomah

Case #: 3087261

County Run #: RP0609171244

Pt # 1 of 1

Unit ID: 306

Date: 9/17/2006

DISPATCH INFORMATION

Time Received: 17:23:04
Time Dispatched: 17:23:18
Time Enroute: 17:23:39
Time On Scene: 17:25:50
Time at Pt Side: 17:26:10

Time To Hosp:
Time At Hosp:
Time Cleared: 17:41:59

Incident Location: Street or Highway
NW 13 AV&NW EVERETT ST, PORTLAND,
OR

Initial Mode: CODE 3
Final Mode: CODE 3

First in:

Nature of Call: UN1 Uncons, Not BR, Abnorm BR

PATIENT DEMOGRAPHICS

Name: doe, john
Address:
City, State, Zip:
Phone: (000) 000-0000
SSN: 000-00-0000

D.O.B.: 01/01/1961
Ethnicity: White
Physician:
Employer:
Responsible Party: doe, john

☒ Age Estimated
Age: 45 years Months: Days:
Sex: Male Weight:
Triage Tag :
Phone: (000) 000-0000

NARRATIVE

☐ Special Study

45 year old Male in police custody. He saw police on the street and took off running several blocks until caught, he then fought with police, was cuffed and hobbled and then became extremely quiet. Police thought he may have passed out, he came to quickly. Police are requesting that we check for any life threatening vital signs before they take him to jail.

Pt is lying quietly on sidewalk, rr 18 -20, opens eye but isn't talking to us. VS within normal limits. Attempted blood glucose and pt began fighting and yelling, he was held for the test which was normal. Police refusing transport for pt in their custody. Advised VS were normal but pt was probably on some sort of drug. Police acknowledged this and signed refusal.

CC none

PRIMARY ASSESSMENT: Toxicological -- Illicit Drug(s).

HISTORY OF PRESENT ILLNESS

Chief Complaint: none
HPI:

Mechanism of Injury:

Safety Equipment:

Contributing Factors:

Environmental Factors:

Factors Affecting Delivery Of Care:

PAST MEDICAL HISTORY

History: None Stated.

Allergies: Unknown.

000715

CHASSE115328

Medications: None Stated.

CLINICAL IMPRESSION

Primary Assessment: Toxicological -- Illicit Drug(s)
Secondary Assessment

TRAUMA TRIAGE

CRAMS Score:
Physiological Criteria:
Anatomic Criteria :
Mechanism :
Discretionary Criteria:
Paramedic Judgment:

PATIENT FINDINGS

☐ PTA	Time:	By:			Cardiac Rhythm
Pt. Position: N/A			Pulse	Skin	Rate: N/A
Blood Pressure: N/A / N/A			Rate: N/A	Color: N/A	ECG: N/A
			Regularity: N/A	Temp: N/A	Ectopy: N/A
			Strength: N/A	Moisture: N/A	12Lead Interpretation: N/A
			Location: N/A	Cap Refill: N/A	
GCS	Level of Consciousness		Respiratory		ETCO2
Eyes: N/A			Rate: N/A		CO2 Value: N/A
Verbal: N/A	RespondTo: N/A		Effort: N/A		CO2 Color: N/A
Motor: N/A			Depth: N/A		Lung Sounds
Total:			SAO2: N/A		Right: N/A
	Pupils: N/A				Left: N/A
Acuity: N/A	Comments:				

PHYSICAL FINDINGS

Head Neg
Face neg, not pinpoint, lips bloody
Neck Not Assessed
Chest neg
Back Not Assessed
Arm (s) abrasions on elbows
Abdomen Not Assessed
Pelvis Not Assessed
Leg (s) Neg
Skin pale warm dry
Neuro Exam Not Assessed

TREATMENT AND RESPONSE

PTA	Time	Medic	Procedure
☐	1728	Hergert, Tamara, AMR	Vital Sign/ECG - BP: 110 / 73 , Pulse 100 . Respirations: 18 .
☐	1730	Hergert, Tamara, AMR	Blood Glucose - 119 mg/dL.

000716

PATIENT DISPOSITION

Disposition: Treated -- Refused Tra
Est Time Death: 0
Mode of Transport:
Air Request By:
Reason For Air:
Destination Decis:
Hosp Divert From:

Receiving Hospital:
Other Hospital:
Personal Items:
First Respond Assist: ☐
Base Hospital: MRH
Base Hosp Contact: ☐
Base Contact Time:

MD Consult: ☐
Base Physician:
Transport Priority:
Change In Priority:
MileageScene:
Mileage Hospital:
Total Mileage: 0.00

Physician Order:

1st Attendant: Hergert, Tamara_A 2nd Attendant: Stucker, Kevin AMR 3rd Attendant: Hospital Signature:

Number: 109859

Number: 127291

Certification:

Certification:

000717

9/17/2006

PATIENT UNABLE TO SIGN

Patient doe, john

is unable to sign because

The following representative's signature on behalf of the patient does not constitute acknowledgement of financial responsibility for the services rendered to the patient.

Date: 9/17/2006

By:

Relationship to Patient:

Address:

PATIENT UNABLE TO SIGN/NO REPRESENTATIVE AVAILABLE

Patient doe, john

is unable to sign because

No patient representative is available/willing to sign on behalf of the patient. The following representative's signature on behalf of the patient does not constitute acknowledgement of financial responsibility for the services rendered to the patient.

Date: 9/17/2006

By :

Name of Medical Transport Personnel:

Personnel Title:

Name of Operation Site:

Multnomah AMR

Case #: 3087261

Unit ID: 306

ASSIGNMENT OF INSURANCE BENEFITS

9/17/2006 6:41:33 PM

Y220-4350

V2.0 7K

000718

CHASSE115331

9/17/2006

PATIENT UNABLE TO SIGN

Patient doe, john

is unable to sign because

The following representative's signature on behalf of the patient does not constitute acknowledgement of financial responsibility for the services rendered to the patient.

Date: 9/17/2006

By:

Relationship to Patient:

Address:

PATIENT UNABLE TO SIGN/NO REPRESENTATIVE AVAILABLE

Patient doe, john

is unable to sign because

No patient representative is available/willing to sign on behalf of the patient. The following representative's signature on behalf of the patient does not constitute acknowledgement of financial responsibility for the services rendered to the patient.

Date: 9/17/2006

By :

Name of Medical Transport Personnel:

PersonelTitle:

Name of Operation Site:

Multnomah AMR

Case #: 3087261

Unit ID: 306

ASSIGNMENT OF INSURANCE BENEFITS

9/17/2006 6:41:33 PM

Y220-4350

V2.0.7K

000719

CHASSE115332

INFORMATION FORM

Name: John Doe Date of Birth: _____
Run Number: _____ Date: 9-17-06

PLEASE READ AND KEEP THIS FORM!

This form has been given to you because you do not want treatment and/or transport by Emergency Medical Services. Your health and safety concern us. Please remember the following:

1. Your condition may not seem as bad as it actually is. Without treatment your condition could become worse.
2. Our help cannot replace treatment by a doctor. You should obtain treatment by going to an Emergency Department, or by calling your doctor. You may be seen at an Emergency Department without an appointment.
3. If you change your mind or your condition becomes worse call 9-1-1. Don't wait.
4. ☐ If the box has been checked, you have been advised to go by ambulance to a hospital for treatment.
5. ☐ If the box has been checked, we have discussed your condition with a doctor who approved this advice.
6. Other: in police custody

I have received a copy of this information sheet.

Patient or Guardian Signature: Ce. M Date: 9/17/06

I. PATIENT OR GUARDIAN ASSESSMENT

1. Oriented to: Person? ☐ Yes ☐ No Place? ☐ Yes ☐ No
Time? ☐ Yes ☐ No Event? ☐ Yes ☐ No
2. Altered level of consciousness? ☒ Yes ☐ No
3. Head injury? ☐ Unknown ☐ Yes ☐ No
4. Alcohol, drug ingestion, or psychiatric impairment? ☒ Unknown ☐ Yes ☐ No
5. Does the person understand advice given and risks of refusal? ☐ Yes ☐ No

II. ON-LINE MEDICAL CONTROL

- ☐ Not indicated
- ☐ Contacted
- ☐ Unable to contact. Explain: _____

III. PATIENT ADVICE (check each advice given)

- ☐ Self-care instructions: ☐ Abrasions ☐ Burns ☐ Diabetic Reaction
☐ Lacerations ☐ Seizure ☐ Sprains/Strains
- ☐ Ambulance transport needed ☐ Further harm could result without medical treatment.

IV. DISPOSITION

- ☐ Patient would not accept Information Form
- ☐ Refused all EMS services ☐ Refused field treatment ☐ Refused transport
- ☒ In care or custody of other agency Agency: PPB
- ☐ In care or custody of relative or friend Name: _____ Relation: _____

EMT Signature: Tami Hergert Date: 9-17-06

ATTACH TO PATIENT CARE REPORT

000543



CITY OF PORTLAND, OREGON



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Derrick Foxworth, Chief of Police

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I.A.D. CITIZEN INTERVIEW

- This is **Sergeant Michael Barkley #8570** with the Internal Affairs Division.
Sergeant Derek Rodrigues #37149 with the Internal Affairs Division is present.
- The *date* and *time* are:
Tuesday, 05/22/2007 at 1135 hours
- We are talking with:
Dr. Karen L. Gunson
State of Oregon
Medical Examiner/Forensic Pathologist
who performed the autopsy of Mr. James Chasse on **Monday, 09/18/2006** the day
following the death of Mr. Chasse
- Dr. Gunson is a *witness* regarding I.A.D. case:
2006-B-0016
- The interview is *concluded* at:
1221 hours Folder "B", File "1" 45 minutes, 34 seconds

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CHASSE115334



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May 14, 2007

Proposed Questions for Dr. Karen L. Gunson

State of Oregon

Medical Examiner/Forensic Pathologist

503-451-2200

IN-CUSTODY DEATH INVESTIGATION

JAMES CHASSE

I.A.D. #2006-B-0016

Regarding the in-custody death of Mr. James Chasse on Sunday, 09/17/2006 at 1904 hours at Providence Medical Center---Medical Case #06-2645:

1. You performed an autopsy on **Monday, 09/18/2006 at 1315 hours**
2. You determined the cause of death to be **"BLUNT FORCE CHEST TRAUMA"**
3. Please explain how the "blunt force chest trauma" caused Mr. Chasse's death; specifically, what sequence of medical events caused his death
4. Given Mr. Chasse sustained **22 or 26 (?)** fractured ribs, are you able to identify how many fractured ribs were caused by the actual fall to the pavement and chest compressions
 - ❖ Were all of the fractures caused on Sunday, 09/17/2006
 - ❖ What type of force would be necessary to cause such extensive fractures
5. Considering the number of fractured ribs (**12- anterior; 10 posterior**) and
 - ❖ Ribs that had perforated the membrane
 - ❖ Ribs that had penetrated into the left lung by approximately 1/4 inch
 - ❖ "Intense hemorrhage" present

Would it be unusual that **AMR Ambulance** paramedics received and reported his vital signs to be within "normal limits" at the scene located in the 1300 block of N.W. Everett

Tami Hergert, **AMR** paramedic, reported the following ("*PRE-HOSPITAL CARE REPORT*"; "*TREATMENT AND RESPONSE*", page #2):

- ❖ "Vital/ECG- BP: 110 / 73"
- ❖ "Pulse 100"
- ❖ "Respirations: 18"
- ❖ "Blood Glucose- 119 mg/dL"

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CHASSE115335

Would it be unusual for **Ms. Hergert** to obtain the noted vital readings, given the extent of injuries sustained by **Mr. Chasse**

If the physical encounter with officers caused the fatal injuries, what symptoms would you expect to observe and/or information to be gathered while checking Mr. Chasse's vital signs at the scene

6. Concerning the issue related to Mr. Chasse having "brittle" bones.
 - ❖ The autopsy report does not note the existence of brittle bones. However, Detective Courtney's "Summary of Investigation" report noted "Dr. Gunson did note and tell us Chasse's bones were more brittle than average due in part to his poor nutrition"(page #18). Were you able to determine if Mr. Chasse's ribs were "more brittle than average"
 - If so, what method was utilized to determine Mr. Chasse's bone density/brittleness
 - If so, how much more brittle were Mr. Chasse's bones compared to what would be considered "normal"
 - If so, how much would "brittle ribs" impact ribs being fractured during a fall and chest compressions
 - ❖ Would the condition of having brittle bones have a significant impact relating to fractured ribs, given that Officer Humphreys weighed approximately 100 lbs more than Mr. Chasse when he fell onto him
 - ❖ According to the autopsy report, it appeared that Mr. Chasse suffered more abrasions to his right side but the majority of fractured ribs were to Mr. Chasse's left side. Would the explanation for such injuries be that Mr. Chasse landed on his right side when contacting the pavement and the left side fractured ribs were caused by Officer Humphreys landing on top of his left side
7. *Given all of the above noted issues regarding the number of anterior and posterior fractured ribs, associated injuries caused by the fractured ribs, reported vital signs at the initial location in the 1300 block of N.W. Everett and Mr. Chasse having "brittle bones" --- is it possible that the **fatal injury** occurred during **chest compressions** to save Mr. Chasse's life at N.E. 33rd and Clackamas*
 - ❖ Please explain
8. You did not list a secondary cause of death. Was the cause of death possibly due to "Excited/Agitated Delirium"
 - ❖ Was "**EXCITED/AGITATED DELIRIUM**" considered as a possible *primary or secondary* cause of death
 - ❖ Were the following factors associated with "**excited/agitated delirium**" considered:
 1. Mr. Chasse was diagnosed as "schizophrenic"
 2. Mr. Chasse ceased taking his medication

3. Mr. Chasse's overall circumstances and unusual behavior: sudden onset of paranoia, ie, attempt to flee; alternating between calm behavior and behavior that was highly agitated/violent; intense struggle with police officers; use of the Taser, drive stun; biting and continued attempts to bite officers
4. Was Mr. Chasse's "core body temperature" taken
 - *"Hyperthermia" is considered strong supportive evidence for the diagnosis of "excited delirium" but not required*
9. Is there anything else you wish to add or clarify regarding the in-custody death of Mr. Chasse

COPY

Native Americans in Oregon and across the nation generally have shorter life expectancies

from Southwestern tribes, such as the Navajo, who benefit from the current system. The Senate

and nontribal members within its government, casino and businesses.

Matthew Preusch: 541-382-2006; preusch@bendbroadband.com

FRIDAY, 10/12/2007

helped at clinic

Health & Science University. The Center for Integrative Medicine, the clinic that gave fatal injections to the three patients, shut down in April. The Oregon Justice Department obtained an injunction blocking the Texas pharmacy from doing business in Oregon. Colchicine is a natural extract from a plant called autumn crocus or meadow saffron. It is approved by the Food and Drug Administration for use mainly in treatment of gout, but it is toxic in high doses. Some naturopathic doctors and other practitioners of alternative medicine also recommend injections of colchicine "off label" purposes not specifically approved by the FDA, including treatment of back pain. "It's generally well accepted treatment of gout," Horowitz said, "but it certainly is not something you want to be using back pain with."

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Police ordered to supply Chasse files

Suit | Judge Dennis Hubel tells the city and the bureau to hurry up and produce documents

By MAXINE BERNSTEIN
THE OREGONIAN

A federal judge, disturbed by what he called the "snail's pace" of discovery in a civil rights lawsuit filed by the family of James P. Chasse Jr., on Thursday gave the city and the Portland Police Bureau several ultimatums to cough up a slew of documents in the man's death.

Documents sought range from officers' cell phone records to internal investigative reports and training bulletins.

In cases in which city attorneys said they weren't sure whether the documents existed or who had them, U.S. Magistrate Judge Dennis J. Hubel directed the city and the police chief to find them.

Chasse, who suffered from schizophrenia, died of broad-based trauma to his chest after police struggled to take him into custody Sept. 17, 2006, in the Pearl District. The lawsuit contends the officers violated Chasse's civil rights and it says the city had a pattern of failing to

use of deadly force.

Tom Steenson, the lawyer representing Chasse's family, told the judge he had requested but not received any police policy and training documents related to officers' use of force.

Jim Rice, a deputy city attorney, countered that the city doesn't know where all those documents might be. He said finding them would be a costly, time-consuming process.

Rice said his office went to the Police Bureau's training division and asked for materials without success. He concluded delivering documents might not be the training officers' highest priority.

At that, Hubel suggested the training division might respond when it learns he's ordering Rice to outline within 15 days the documents available and the time and cost to produce them.

"Please let them know they'll be on the carpet next, answering my questions," Hubel said.

Hubel also ordered the city to provide documents relating to the bureau's internal review of Chasse's death.

The city has maintained that the investigation was ongoing, and Chasse's lawyers could not obtain the documents until it was completed.

"We're not going to wait until we're done," Hubel said.

Steenson also is seeking all documents the Police Bureau provided to an outside consultant, the Police Assessment Resource Center, which has studied the city's review of officer-involved shootings and deaths in custody since 2003.

After the city argued it didn't know what documents the center received, the judge ordered Police Chief Rosie Sizer to send a memo to officers to find out exactly what material was shared and whether it's available. The chief must report back to him within 20 days.

To move the case along, the judge ordered the release of most documents in question under protective order, meaning they cannot be distributed publicly. Steenson agreed to that provision for now.

However, the judge is expected to rule on whether to issue a protective order for the discovery items pending trial.

The city argued that the documents' release would harm the officers involved, impede a fair trial and chill the free flow of information among officers. Steenson urged the judge not to grant a protective order.

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Taverna on West Burnside Street, welcomes the new arrivals from neighborhood doesn't need much changing.

ents has been living in the Civic for about two months now, and Reeves is one of them. In many ways, he's the property owner's envisioned taking residence in the Civic — young, active (Reves runs and bikes), invested in his new neighborhood. But if West Burnside and its surrounding area become too sanitized and cleansed," Reeves says, he won't want to stay in

his \$429,000 eighth-story corner condo. He likes his new neighborhood just the way it is.

Reves says he knows the area will change. But he knows what he doesn't want to see. "I wouldn't want it to change too much," he says. "Can you develop this area and revitalize it but not turn it into the same cookie-cutter

See CIVIC / Page 4

City Commissioner Sam Adams, who is considered a virtually certain mayoral candidate now that Potter won't run again, commended the mayor on making his decision many months before the May 2008 mayoral primary.

"And I will make an announcement about my political plans in the near future," Adams said.

Meanwhile, other potential candidates for mayor — or for

See MAYOR / Page 3

Chasse death stays hazy

City presses to protect cops' internal probe in mentally ill man's case

By NICK BUDNICK
The Tribune

As the one-year anniversary of the death of James Chasse Jr. approaches, mental health activists and Portland city officials will spend it in contradictory ways.

In a 4 p.m. ceremony Monday at City Hall, the Mental Health Association of Portland will ask for more information about Chasse's controversial death. The group's request, however, will come at a time when the city is going to court to prevent the release of more information about the incident.

On Sept. 17, 2006, near Northwest 18th Avenue and Everett Street, Portland Police officer Christopher Humphreys thought he saw the 42-year-old Chasse, who was mentally ill, urinating

I is beautiful

North Portland K-8 skirts closure with community love

JENNIFER ANDERSON
The Tribune

With one thick braid in her hair and a full of long, loose locks, 8-year-old Adenike Warren smiled her classmates last Wednesday in the Humboldt Elementary School gym to recite the Pledge of Allegiance. The 228 students then continued with their daily ritual by reciting the school pledge: "I believe I can achieve and achieve at anything I set out to do," they said, as words of parents and staff beamed nearby. "I know what I do today influences what I become tomorrow. I will be a good listener. I

will not hinder my own or classmates' learning in any way."

They continued on for a minute, then went right into *Juramento de Humboldt*, the Humboldt pledge in Spanish. It was just as loud, and just as articulate.

While the school used to be somewhat "chaotic" several years ago, Principal Jamila Williams admitted, the culture today is all about rituals, rules and order. "There's a positiveness here," she says.

In more ways than one, the word seems to perfectly suit the cheery and determined North Portland school, which nearly was closed last year after former Superintendent Vicki Phillips declared it didn't fit within her "right-sizing" of schools at 400 to 600 students.

See HUMBOLDT / Page 8

Chasse: Other internal reports released

From page 1

publicly.

When Chasse ran, officers gave chase and tackled and subdued him. An autopsy report attributed his death to massive internal trauma, including the fracturing of almost all of Chasse's ribs.

A grand jury found insufficient evidence to file criminal charges against the officers involved. But that is not the end of the matter. An internal investigation scrutinizing whether officers handled the incident properly will not be completed until early next year, according to the city attorney's office.

Also, Chasse's family has filed a lawsuit against the city. It's in that context that the city attorney's office has requested a protective order to prevent the re-

lease of the bureau's internal investigation — once it is completed — as well as other documents.

Absent such an order, the internal report almost assuredly would be releasable under Oregon Public Records law. But if a federal judge grants the city's request, the internal probe would be kept secret indefinitely.

Jason Renaud, who heads the Mental Health Association of Portland, said the internal probe would resolve some of the unanswered questions swirling around how "Jim-Jim" died.

"I would encourage the city to be open with this document, to not pursue this, and to disclose this information," Renaud said. He added that what will make people feel safer is "not more training, not more officers, not a better mental health system, but truth and trust."

Other reports released

The standard incident reports of the Chasse incident were released following the grand jury's decision to not issue indictments. However, investigations by the bureau's Internal Affairs Division often turn up more information.

In the city attorney's motion to the court, the city claims that Internal Affairs reports are kept confidential as a matter of policy. The filing cites the privacy of officers and witnesses interviewed, and maintains that release of Internal Affairs reports would discourage people from being honest in future Internal Affairs investigations.

In reality, the city often releases such reports voluntarily in matters of great public interest, as called for by Oregon Public Records law.

Last month, the city attorney's

office voluntarily released the entire Internal Affairs investigation of the shooting of Dennis Lamar Young by police Lt. Jeff Kaer. It did so despite the threat of civil litigation by Young's family.

And following the savage beating of a man by two off-duty cops outside a downtown nightclub in 2002, the city voluntarily released Internal Affairs reports that showed which Portland officers had tried to protect the perpetrators from a criminal investigation, and which officers did their jobs conscientiously.

Bureau managers sometimes release Internal Affairs reports because they feel "the public interest outweighs privacy interests, so we're not going to fight (their release)," police spokesman Brian Schmautz said. He added that he has no opinion on the request for a protective order in the

Chasse case.

Commissioners wonder

Asked about the request for a protective order, John Doussard, spokesman for Mayor Tom Potter, released the following statement:

"I can't comment on the specifics of the Chasse case because it's pending. But a 'protective order' is a routine legal step in these kinds of cases that both sides use, and it's ultimately up to the judge to decide how or even if it will be used (by) the parties. The Mayor was not told by the City Attorney because there wasn't a reason to tell him — he doesn't micromanage pre-trial legal maneuvers."

Commissioners Sam Adams and Dan Sallzman did not return calls from the Portland Tribune regarding the case.

Commissioner Randy Leonard

said that as long as the outcome of disciplinary proceedings is kept secret, he favors the release of internal probes when the public interest calls for it. As far as the Chasse protective order, Leonard said: "Yeah, that concerns me. I intend to ask questions about it."

Commissioner Erik Sten said that he needs more information, and understands why the city might want to delay the release of the report. But generally speaking, "I think the public has the right to know what happened, particularly in a case this tragic," he said.

Dan Handelman, a volunteer with Portland Copwatch, called the request for a protective order "stupid.... It makes them look like they're trying to hide something"

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May 17, 2007

I.A.D. Division Case #2006-B-0016

Proposed Interview Questions for Officer Christopher Humphreys #32784

* *Copy of notebook and related documents*

* *Ofc. Humphreys to review related documents (per I.A.D. S.O.P. D-01 & PPA Article 61)*

* *Read out the Allegation to be Investigated*

(Work Related Experience/Background)

1. How long have you been employed as an officer with the Portland Police Bureau?
 - a) Current assignment, how long?
 - b) How long assigned to patrol?
 - c) Prior Law enforcement experience, how long?
 - d) Special skills, training and or certifications? **(CIT at the time?)**
2. Any training specific to the identification of individuals under the influence of alcohol and/or drugs?
(If not already answered)
 - a) On the job experience? Explain. **(i.e., identifiers)**
3. Any training specific to the identification of individuals with mental health illnesses or disorders?
(If not already answered)
 - a) On the job experience?
4. With all your training and experience as a police officer, are you able to differentiate an individual who is intoxicated and/or under the influence of drugs from one who has a mental health illness or disorder?
 - a) If no, why not?
 - b) If yes, how so?
5. Where were you assigned to on **September 17th, 2006?** (TPD)
 - a) District?
 - b) Focus of your assignment in that area?
 - c) What are the types of problems or concerns in the area?
 - d) Have you worked that area/district before? How many times?
 - e) Who was your partner? **(If not already answered)**
 - f) Have you worked with him in a 2 person car before?/How many times?

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CHASSE115342

(Uninterrupted Account of Incident)

6. Give me a brief overview what occurred on **September 17th, 2006**, as it applies to the totality of events involving Mr. James Phillip Chasse Jr.

(Pre Incident/Foot Pursuit)

7. What were your thoughts after first observing Mr. Chasse rocking side to side while in the area of NW 18th & Everett? **(If not already answered)**
- a) Did you think anything was wrong with him? What?
 - b) Did he appear injured in anyway?
8. What occurred next?
- **Sees them...*"immediately stops...rapid walk across the street"***
(pg. 6, 7)
 - a) What were your thoughts at the time?
 - ***"probably had a warrant"*** **(pg. 7)**
 - b) At some point while you were still covering Sergeant Nice on his call did you mention to him and Deputy Burton that if you get a chance, you wanted to contact and talk to that individual (Chasse)?
 - c) If yes, did you tell them why?
 - d) On a scale from **1 to 5**, with **5** being the utmost urgency or priority, where would you rate your urgency or priority level in contacting Mr. Chasse at that time. Expound.
 - **30 seconds to a minute elapsed...*"we were in no hurry"*** **(pg. 8)**
9. What occurred after you cleared yourself on Sergeant Nice's call?
10. What did you do next?
- a) Explain route taken to look for Mr. Chasse.
11. While Deputy Burton was driving and both of you were looking for Mr. Chasse, was there any conversation or discussion going on about Mr. Chasse?
- a) If yes, what about?
 - b) Was there ever any discussion about what you or Deputy Burton intended to do once Mr. Chasse was contacted? What was said?
 - c) During this discussion, was there ever a plan of approach discussed (as it related to Mr. Chasse)? **(If applicable)**
 - d) Was there any plan or strategy discussed prior to your contact with Mr. Chasse?
 - e) If yes, explain.
12. Describe to me your initial observations of Mr. Chasse after he was located on NW Everett, mid-block from 13th and 14th (south side).
- Appearing to urinate
 - Mentioned it to Deputy Burton **(confirm from Burton)**

Proposed Questions for Ofc. Humphreys
Page 3

13. Did you make any other observations?
 - a) If yes, what were they.
 - Possibly using drugs
14. What were your thoughts at that time?
 - a) Intended action?
 - b) Any officer safety concerns?
 - c) Any concerns?
 - d) Was this communicated to Deputy Burton? Sergeant Nice? **(If applicable)**
15. Prior to approaching Mr. Chasse, did you have any legal basis (**i.e., probable cause, reasonable suspicion**) to stop or detain him?
(i.e., violation of city code or ORS, detox or psychological evaluation hold etc...)
 - a) If yes, what was it?
 - b) If no, what was your intent in approaching him?
16. Was dispatch notified of anything at that point?
 - a) If yes, by who/what was said?
 - b) If no, why not?
17. Prior to you and Deputy Burton exiting the patrol car to approach Mr. Chasse, was there anything discussed or planed as far as what you or he intended to do?
 - a) If yes, what?
18. How did you and Deputy Burton approach Mr. Chasse?
 - a) Where was Sergeant Nice?
19. What occurred next?
 - a) At What point did you think that Mr. Chasse became aware that you, Deputy Burton, and/or Sergeant Nice were approaching him?
 - b) Explain how you knew this.
 - **Deputy Burton yells or whistles at him. (pg. 11)**
 - c) How far away would estimate you were from Mr. Chasse at the time he noticed you?
 - d) Where was Mr. Chasse facing as you approached?
 - e) What was he doing?
 - f) What were your thoughts at that time? (Any crimes committed, violations etc...)
 - g) At that point, what were you intending to do with Mr. Chasse? Any legal standing to detain him for any reason? If yes, what was it?
 - h) Did you communicate this to anyone? Yes, Who, what was said?

(Questions Relative to the Foot Pursuit)

20. What occurred next?
- **Eye contact made...a look of "sheer terror" (pg. 11)**
 - a) Expound on that please. ("*Sheer terror*")
 - b) What were your thoughts at that moment?
 - c) Did he run immediately?
21. Did you immediately chase after him?
- a) Why? Any legal standing to do so? I yes, explain.
 - b) What was going through your mind at that time?
(i.e., threat indicators as previously stated in interview with detectives)
 - **"facts prior...has a warrant...got drugs...or he's got a weapon" (pg. 11)**
 - c) **Depending on answer, inquire which reason factored higher as to why he immediately gave chase.**
 - d) What did you intend to do once you caught him?
 - e) Where would you rate the urgency or priority in apprehending Mr. Chasse after he ran?
on a scale from 1 to 5, with 5 being the utmost urgency or priority?
 - f) Explain why.
 - g) Did you ever consider walking away or just leaving him alone? Why not?
22. In your interview with detectives, you mentioned that in your ten years as a police officer you have had a number of subjects run from you in almost the same scenario. Is that correct? (pg. 11)
- a) What was different in this incident in regards to Mr. Chasse running away?
23. Tell me about the foot pursuit.
- a) How long would you estimate it lasted?
 - b) How far a distance was it from the beginning of the foot pursuit to the end?
 - c) Did it occur on the sidewalk, roadway, or a combination of both?
 - d) Did the slop in the sidewalk/roadway contribute to your ability to gain distance on Mr. Chasse?
 - e) Did Mr. Chasse have his back pack on during that time?
 - f) Did you notify dispatch of the foot pursuit? **(no record of such per BOEC tapes)**
 - g) If no, why not?
24. Were there any other officers involved in the foot pursuit besides you?
- a) If yes, who?
 - b) Where were they?
25. You stated to Detectives during your interview that you yelled at Mr. Chasse to stop at least twice, is that correct?
- a) If yes, did he respond in any way?
 - b) Was it your impression that he was aware you were chasing him? If yes, how so?

Proposed Questions for Ofc. Humphreys

Page 5

26. Describe to me the push you applied to Mr. Chasse after you caught up with him.
- a) Were both of your forearms used? **(If not already answered)**
 - b) Were your forearms in a vertical or a horizontal position?
 - c) Prior to your forearm push, were you aware of where Sgt. Nice was? Deputy Burton?
27. Were you trained by the PPB's training Division in the use of this technique?
- a) If yes, when? **(Per his training record 052506)**
 - b) Have you used this technique in the past?
 - c) How many times? Did it work?
28. Did you feel that the forearm push you used on Mr. Chasse, which caused him to fall, was reasonable given the totality of the events or circumstances leading up to it?
- a) Expound.

(Force Related-Foot Pursuit)

29. Did you at any time fall on Mr. Chasse after pushing him?
- a) Did your forearm(s) contact his back pack as you pushed him?
 - b) Did any part of your body make contact with any part of Mr. Chasse's body as he impacted the ground?
 - c) Was that your perception or are you certain of that?
 - d) Is there a possibility that you may have either fell on or made some sort of contact, however slight, with some part of Mr. Chasse's body as he fell to the ground?
 - e) During that moment, did any other officer fall on or make any bodily contact with Mr. Chasse?
30. What side of Mr. Chasse's body did you pass over or by after pushing him?
- a) Did you hear him say anything as he fell to the ground?
31. After both you and Mr. Chasse fell to the ground, was your body clearly separated from his?
- a) If yes, how far away?
32. What occurred after you fell to the ground?
- **Chasse starting to get up...Sgt. Nice "trying to get a hold of him."(pg. 14)**
 - **Ofc. Humphreys grabbed Chasse's right arm...he was attempting to get up. (pg. 14)**
 - **"Deputy Burton...trying to grab, trying to control Mr. Chasse's legs." (pg. 14)**
- a) Any verbal commands given?
 - b) How many times?
 - c) By whom?
 - d) What was said?

Proposed Questions for Ofc. Humphreys
Page 6

33. Describe to me what Mr. Chasse was doing?
- a) What level of resistance was Mr. Chasse engaged in during this time.(i.e., **passive, physical or, aggressive physical resistance**)
 - b) Describe what Chasse was doing that reflected that.
 - c) Was he on his stomach or on his back?
34. What was Mr. Chasse's physical stature like, i.e., height, weight, build?
- a) What was your height and weight at the time?
 - b) Sergeant Nice, Deputy Burton?
 - c) That being the said, why do you think all three of you of you were having a difficult time controlling Mr. Chasse?
35. Did Mr. Chasse exhibit any unusual strength, stamina, or flexibility while you, Deputy Burton and Sergeant Nice attempted to gain control of him? **(If not already answered)**
- a) If yes, explain.
 - b) Were you winded or in any other way physically affected as a result of your efforts to control Mr. Chasse during the time you were on the ground attempting to control Mr. Chasse at NW 13th Ave. and Everett? Describe?
 - c) If yes, did that concern you in any way at some point? When? Expound?

(Force Related Questions While Attempting to Take Chasse into Custody)

36. Tell me what you did in your attempts to gain control of Mr. Chasse after he fell to the ground to include his actions. (i.e., **control holds, pain compliance techniques etc...**)
- a) Were they effective? If not, why?
 - b) Bureau taught and trained?
37. What did Sergeant Nice do in his attempts to control Mr. Chasse?
- a) Deputy Burton? **(Taser)**
38. Did you spend any amount of time on Mr. Chasse's back while you were attempting to control him? Stomach area? Side of his ribs? Perception or could that have possibly occurred?
- a) If yes, how long? What were you doing?
 - b) How about Sergeant Nice? Deputy Burton? Perception or could have possibly occurred?
 - c) Any other officer(s)?
39. Did you at anytime, while at NW 13th & Everett, punch, kick or otherwise strike any area of Mr. Chasse's back either intentionally or unintentionally? Chest? Stomach? Side of his ribs? Face? Head? Legs? **(Wait for response to each specific area of the body)**
- a) If yes, explain. How many times?
 - b) Did you observe or have any knowledge of Sergeant Nice doing this?
 - c) Did you observe or have any knowledge of Deputy Burton doing this? Any Officer?

Proposed Questions for Ofc. Humphreys
Page 7

40. At what point was Mr. Chasse handcuffed?
 - a) Who handcuffed him?
 - b) Was he placed in maximum restraints (hobbled)?
 - c) If yes, when and by whom?
 - d) How was he positioned on the ground?
 - e) After Mr. Chasse was handcuffed and placed in maximum restraints, did you laugh or celebrate in any way? How about any of the officers that were there at the time?
 - f) Did any laughing or any type of a celebration involving any PPB officer(s), PFB, or AMR personnel take place at any point in time prior to Mr. Chasse's transport to jail?
41. How long did the struggle with Mr. Chasse last before he was handcuffed?
42. While out at NW 13th Ave. & Everett, was there any other officer or officers involved in the physical struggle with Mr. Chasse prior to him being handcuffed? (**NW 13th Ave. & Everett**)
 - a) If yes, who and what did they do?
43. Did you sustain any injuries as a result of the foot pursuit? During the struggle with Mr. Chasse at NW 13th Ave. & Everett?

(Post Handcuffing/Medical Related)

44. What occurred after Mr. Chasse was handcuffed?
 - a) How was his body positioned? Why?
 - b) Did he at any point during this time go unconscious? Who long?
 - c) What was Mr. Chasse doing, saying?
 - d) Was there anyone near Mr. Chasse during that time?
 - e) Prior to PFB & AMR arriving, was Mr. Chasse at any time left unattended? Why?
45. Who requested medical?
 - a) Who arrived first, AMR or PFB?
 - b) Did you have any interaction with anyone from the PFB? Who, when, what was said?
 - c) How about the AMR paramedics? Who, what was said and when?
46. Did you at any point, while the AMR paramedics were on scene, advise them that Mr. Chasse fell to the ground during the foot pursuit?
 - a) If yes, when, to whom, what was said? If no, why not?
 - b) Did you advise any of the AMR paramedics what had occurred in regards to the physical struggle you and the other officers had with him prior to him being handcuffed?
 - c) If yes, what did you tell them? If no, why not?
47. Did you provide PFB with any of this information?
 - a) If yes, when, to whom, what was said?

Proposed Questions for Ofc. Humphreys
Page 8

48. Were you able to see what the AMR paramedics did to Mr. Chasse?
 - a) If yes, what?
 - b) Same question but PFB. If no, where were you and what were you doing?
49. What was Mr. Chasse doing and saying throughout the time he was being attended too by AMR/PFB?
50. Did the AMR paramedics advise you about Mr. Chasse's medical condition at some point?
 - a) If yes, who, and what was said?
 - b) If no, did you inquire?
51. Tell me about the release/Information Form you signed.
 - a) Did you read it?
 - b) Did you have any questions or reservations about signing it? What were they?
 - c) Did you know why the form had to be signed? If no, did you ask?
 - d) Have you ever in your career with the PPB, signed such a form before?
 - e) Have you ever known of such a form being used?
 - f) Were you aware that you signed the area of the form designated as "Patient or Guardian"?
 - g) Were you told to sign in that area? By whom?
 - h) Did you know or were you told what would have occurred if you refused to sign the form? Did you inquire?
52. Did you have any concerns about transporting Mr. Chasse to jail after signing the form?
 - a) If yes, what were they?
 - b) Did you advise anyone of this concern? Who, when, and what did you say?
(If applicable)
53. What was Mr. Chasse's demeanor like while AMR paramedics and PFB personnel were tending to him?
 - a) Was this constant throughout the time they (AMR/PFB) were there?
 - b) Did Mr. Chasse have to be physically restrained by anyone during this time?
 - c) If yes, who restrained him and how was he restrained?
54. During the time Mr. Chasse was being evaluated by AMR/PFB/PPB, did anyone have any type of force related contact with Mr. Chasse's stomach? Back? Side of his ribs?
 - a) Did anyone punch, kick, or otherwise strike Mr. Chasse in any of these areas during that time?

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55. Did you at some point walk back to where Mr. Chasse originally was standing (before he ran) for any reason? (to retrieve what he initially thought might have been crack cocaine) Explain.
- a) Did you submit this to the crime lab?
 - b) What was it determined to be a controlled substance?
 - c) Did you tell anyone, while still out at NW 13th Ave. & Everett, (AMR, PFB, PPB) that Mr. Chasse had on his person or in his possession crack cocaine? Any drugs?/ Who told, When, why?

(Post AMR/PFB)

56. What occurred after the AMR paramedics and the PFB were done with Mr. Chasse?
- a) Was he still on the ground in maximum restraints (hobbled)?
 - b) How was he lifted to the patrol car?
 - c) How far away was the patrol car?
 - d) Describe the amount of force used to physically lift Mr. Chasse off the ground.
 - e) Describe Mr. Chasse's demeanor and actions during that time. Did he say anything?
 - f) How far away was your patrol vehicle?
 - f) How was Mr. Chasse placed into the patrol car? Whose car was it?
 - g) Describe Mr. Chasse's demeanor and actions during that time.
57. Was Mr. Chasse able to sit up in the back of the patrol car while hobbled?
- a) How so?
58. What occurred while Mr. Chasse was in the back seat of the patrol car while you were still at NW 13th & Everett?
- a) Describe your interaction with Mr. Chasse during that time?
 - b) Did he complain of pain? Did you ask?
 - c) Any signs of physical injuries?
 - d) Who was present during that time? (AMR, PFB, PPB)
 - e) Was there citizens in the area at the time? Estimate how many? Were they watching?
 - f) Did you or any other officer obtain their information or statements? (If applicable)
 - g) How long did you spend at NW 13th & Everett with Mr. Chasse in the back seat before commencing your transport to jail?
59. During your interview with detectives, you stated that prior to opening the back door of the patrol car to conduct a pat down of Mr. Chasse, you told him, ***"I want you to understand if you try to bite me or kick me I said it's gonna be really really bad."*** (pg. 27)
- a) What did you mean by ***"it's going to be really really bad"***?
 - b) Was there a response to that from Mr. Chasse?

(Transport to Jail)

60. What route to jail did you take after leaving NW 13th Ave. & Everett?
- a) Who drove?
 - b) How was Mr. Chasse positioned during the transport?
 - c) What was Mr. Chasse's demeanor and actions like during the transport to jail?
 - d) Were you or Deputy Burton able to converse or communicate with him in any way as he was being transported to jail? What was said by you, by him?
 - e) Why was the jail staff notified that Mr. Chasse was being transported there? (prior to arriving) Who notified the jail, who was notified, what was said?
61. Was Mr. Chasse transported directly to jail?
- a) Did you or Deputy Burton ever exit the patrol car for any reason prior to arriving in the jail's sally port? If yes, why, how long?
 - **Ofc. Humphreys got out of the car to take some asthma medication (pg. 31)**
 - b) Were there any unexpected delays during the transport to jail?
 - c) How long did the transport take? **(6 minutes per CAD/1746-1752)**

(Removal From Patrol Car at MCDC)

62. What occurred after the patrol car was parked in the jail's sally port?
- a) Were the MCSO Corrections officers already there and waiting? How many?
 - b) What was Mr. Chasse's demeanor and actions at that time? Did he say anything?
 - c) Who removed Mr. Chasse from the backseat of the patrol car?
 - d) Where were you during that time? Were you there the entire time?
 - e) Explain in detail how Mr. Chasse was removed from the car.

(Removal From Patrol Car at MCDC)

63. Did you ever kick, punch or otherwise strike Mr. Chasse anywhere on his body during the time he was attempting to be removed from the patrol car?
- a) Did you observe or have knowledge of any of the Corrections deputies do any of these things to Mr. Chasse as they attempted to remove him from the car?
 - b) Same but for Deputy Burton?
 - c) What was Mr. Chasse's demeanor and actions as he was being removed from the patrol car?
64. In your interview with detectives (pg. 32) you stated that you never saw the MC deputies use any **"pain control"** on Mr. Chasse as they attempted to remove him from the patrol car, but they were **"physically trying to get him out."** Is that correct?
- a) If yes, can you describe to me what they were doing to physically get Mr. Chasse out of the car?
 - b) What was your role and what did you do in regards to Mr. Chasse's removal from the patrol car?
 - c) Did any part of his body hit, rub up against, or make any type of contact with any part of the patrol car as he was being removed? How about the ground?

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65. In your interview with detectives, you stated that once the corrections officers got Mr. Chasse out of the patrol car you **"...stepped up and helped pack him."** (pg. 32)
- a) Explain to me what you meant by **"pack him"**?
66. What occurred after Mr. Chasse was removed from the car?
- a) What was his demeanor and actions like at that time? Did he say anything?
 - b) What was your role and what did you do? Deputy Burton? MCSO officers?
 - c) During that time period of time, did you punch, kick or otherwise strike Mr. Chasse on any part of his body?
 - d) Did you observe or have knowledge of Deputy Burton doing such to Mr. Chasse after he was removed from the car? How about the MCSO officers?
 - e) Was Mr. Chasse still in Maximum restraints at that time?
67. How was Mr. Chasse taken into the booking area of the jail?
- a) Your role?
 - b) Chasse's actions and demeanor during that time?
 - c) Was there any physical force used on Mr. Chasse by anyone prior to him being placed in a cell?
68. What type of a cell was Mr. Chasse taken too? **(isolation cell per detectives' interview)**
- a) How was he placed in the cell? By whom/how many people were in there?
 - b) What was his demeanor and actions during that time?
 - c) Any physical force used on him by anyone, including yourself, at that time?
 - d) What was your role, and what did you do while in the isolation cell?
69. At what point did Mr. Chasse appear to go **"unconscious again"** (pg. 33) while he was in the isolation cell at jail?
- a) What did you observe?
 - b) Did anyone else make this observation besides you? Who?
 - c) Who did you tell about this?
 - d) Did anyone respond to your comment that Mr. Chasse appeared to go unconscious again? Who? What was the response?
 - e) Did anyone provide any immediate medical care to Mr. Chasse?
 - f) What concerns, if any, did you have at that time regarding Mr. Chasse's medical condition? **(Chasse's 2nd time going unconscious-NW 13th & Jail)**

(Medical Related Questions at Jail/Transport to PA)

70. Who evaluated Mr. Chasse's medical condition at the jail? (**jail nurses**)
- How did they evaluate him/ What did they do?
 - Were they inside or out side of the cell? Door open or closed?
 - Where were you at that time? What were you doing?
 - Did you advise the jail nurses that this was the second time Mr. Chasse went unconscious? If no, why not?
71. At what point during this time did you become aware that the jail staff was not going to accept Mr. Chasse in for booking?
- Who advised you of this?
 - What were you told?
72. Can you tell me about this statement you made to detectives, during you interview, regarding what you heard one of the nurses say regarding Mr. Chasse:
- *"she said we can't take him, look at him, he's, he's a, he's twitchy and uh he's got and look at the marks on his arm and that was, and I mean that wasn't even really said towards me, I mean it wasn't. And then she just, she walked off..."*
(pg. 34) Is that correct?
- If yes, Did you have interaction with any of the nurses? If yes, who?
 - Where you able to obtain any medical related information from anyone at the jail prior to commencing his transport to Portland Adventist?
 - If yes, who, what were you told?
 - If no, did you seek any information from anyone in regards to Mr. Chasse's medical condition prior to transporting him?
 - If no, why not?
73. Did you have any concerns at all in having to transport Mr. Chasse to a medical facility, taking into consideration that he appeared to have gone unconscious on two separate occasions? (**NW 13th & Jail**)
- If yes, what were those concerns?
 - Did you relay those concerns to anyone? Who?
74. How was Mr. Chasse removed from the isolation cell?
- Who removed him?
 - Was he still in maximum restraints? (**Handcuffed & Leg chains applied Pg. 36**)
 - What was Mr. Chasse's demeanor and actions while he was being handcuffed and the leg chains applied? Did he say anything? Complain of pain?
 - Was there physical force of any kind used on Mr. Chasse during that time?
 - How was Mr. Chasse taken from the isolation cell to your patrol car in sally port?
 - What his demeanor and actions during that time? Did he say anything? Complain of pain?

75. On pg. 36 of your interview with detectives, you stated that the intake deputies ***“packed him in the car, I opened up the door. And he was placed in the vehicle.”*** Is that correct?
- a) If yes, can you explain what you meant by ***“packed him.”***?
 - b) What was Mr. Chasse’s demeanor and actions at that time? Did he say anything? Complain of pain? Any indication that he was in pain?
 - c) Was there any physical force of any kind used by anyone during the time Mr. Chasse was being put into the patrol car?
 - d) How was Mr. Chasse positioned in the back seat of your patrol car?
 - e) What was Mr. Chasse’s demeanor and actions just as you and Deputy Burton left the sally port? What was he doing/saying?
 - f) Who was driving the patrol car? **(Burton)**
76. After leaving the ramp from jail that leads up to SW 2nd, did Deputy Burton stop for any reason before commencing the transport of Mr. Chasse?
- **(speaks with Sgt. Gonzalez in front of CE Precinct)**
 - a) How long was this?
 - b) What was Mr. Chasse’s demeanor and actions during that time? Did he say anything? Complain of pain? Any indications that he was in pain?
 - c) Did you get out of the car for any reason? Explain.
 - d) Did you open any of the rear passenger side doors for any reason during that time?
 - e) Was any physical force used on Mr. Chasse for any reason by you during that time? Deputy Burton? Anyone?
 - f) Did Deputy Burton remain in the car during that time?
 - g) What occurred next? **(commenced transport to PA?)**
77. After Deputy Burton stopped in front of Central Precinct and spoke with Sergeant Gonzalez, did you commence your transport to PA?
- a) What was Mr. Chasse doing?
 - ***“...I’m still hearin’ him mumbling as we’re going through town.”*** (pg. 38)
 - b) Could you hear what he was saying while he mumbled?
 - c) Was the spit mask/sock/hood still on?
 - d) At what point during the transport did you feel that you needed to see if Mr. Chasse was breathing or not?
 - **I-84 from Morison Bridge-heard a “bonk” like a “thunk”** (pg. 38)
 - e) Prior to this, were you continuously monitoring Mr. Chasse? How so?

78. Tell me what occurred after you told Deputy Burton to pull the patrol car to the side of the road so you get check on Mr. Chasse's condition.

Advise Officer Humphreys that you have read his statements regarding the administering of first CPR and all facts associated with this aspect of the investigation. Give a brief overview of these facts, then inquire if he would like to add, clarify or present anything else.

- *Tells Deputy Burton to call for medical (pg. 39)*
- *Opens door, grabs him, pulls off spit mask...eyes are closed*
- *Administered a sternum rub-no response*
- *Pulls him out of the car, places on back on the sidewalk*
- *Does ABC check (Explain briefly, trained to do so, by whom, when?)*
- *Un-cuffed Chasse, Burton tilted head back to clear an airway*
- *Burton does a finger sweep in Chasse's airway*
- *Humphreys commences chest compressions-initially 5, followed by 5 more*
- *Burton retrieves a mask-more chest compressions administered*
- *Bystander appears, gets an AED*
- *ABC done again*
- *AED set up, pads on Chasse's chest, advised that a shock was not advised by the AED*
- *Humphreys starts chest compressions again*
- *Advised the bystander to stay at the scene*

79. What occurred after medical (AMR/PFB) arrived?

- a) Did you advise anyone from AMR/PFB of anything? What?

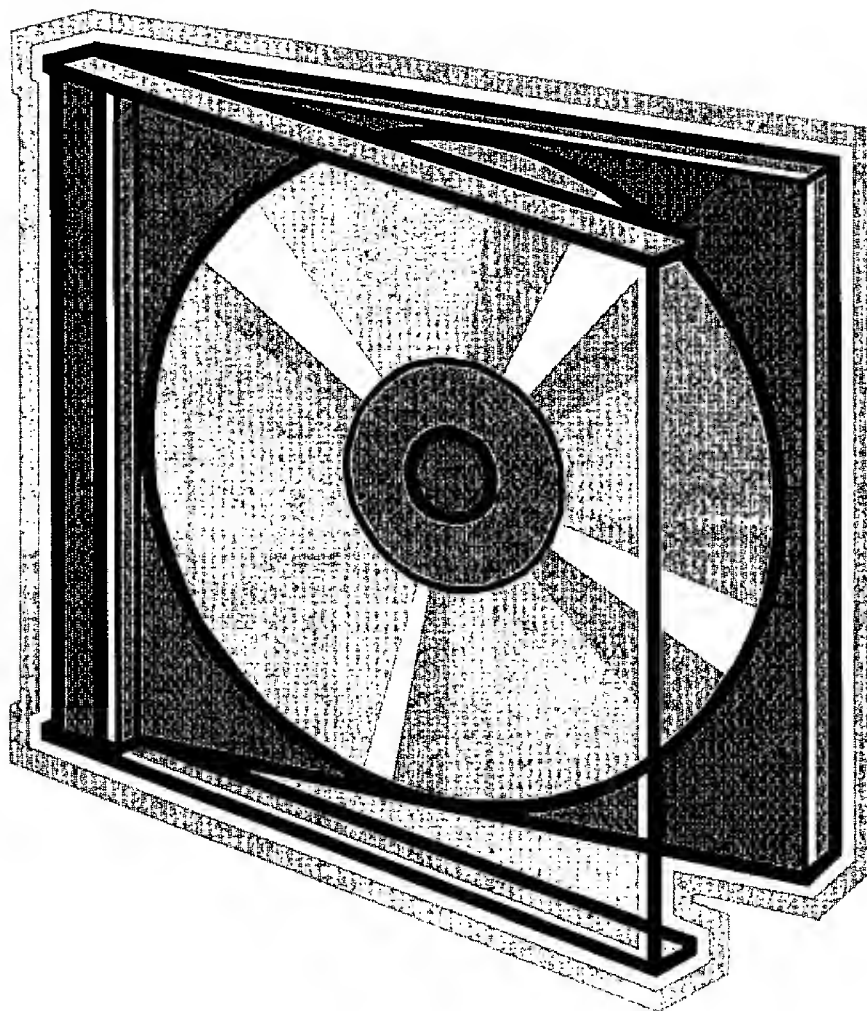
80. After medical took over, what did you do?

- **Retrieved white substance from the patrol cars dashboard, placed it into his duty bag, and secured it in the trunk. He collected the substance next to a tree where Chasse had been standing prior to the foot pursuit.**
- a) Did you discuss what occurred with anyone prior to detectives arriving at NE 33rd & Clackamas? Who? What did you discuss?
 - b) Did you discuss any aspect of the subsequent criminal investigation with anyone other than who was listed on the Communications Restriction Order you were served with on September 17th, 2006?
 - **Criminal investigators, IAD investigators, Deputy City Attorneys assigned to the case, Deputy District Attorneys assigned to the case, Your spouse, Your clergy, Your union representative and/or your attorney, as well as your medical and/or psychological professional.**

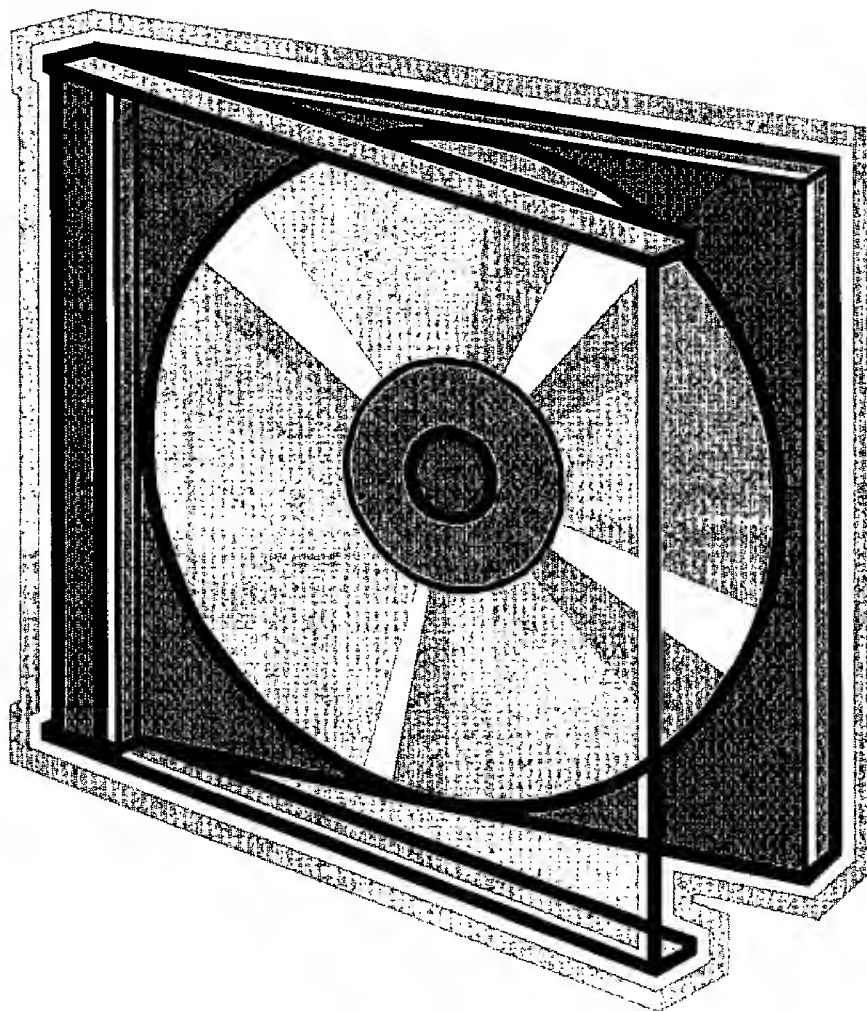
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81. During the course of events on September 17, 2006, as it relates to the totality of events involving Mr. James Chasse, did you at anytime observe, hear, or otherwise have knowledge of any Portland Police Bureau member engaging in conduct that was in violation of any Portland Police Bureau policy and procedure, to include any training guidelines?
82. Is there anything else you would like to add, present, or clarify regarding anything as it relates to this internal investigation?
83. PPA Rep, is there anything you would like to address?

Prepared by Sgt. Derek Rodrigues



IAD 2006-B-0016



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